



**HORBURY URBAN DISTRICT**

**1971**

**annual report**

*Medical Officer of Health*

**GEOFFREY IRELAND, B.Sc., M.B., B.Ch., D.P.H.**

*Public Health Inspector*

**G. R. MILLINGTON, M.A.P.H.I., M.R.I.P.H.H., M.R.S.H.**



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URBAN DISTRICT OF HORBURY

# **ANNUAL REPORT**

OF THE

MEDICAL OFFICER OF HEALTH

for the Year 1971



# **HORBURY URBAN DISTRICT COUNCIL**

## **1971**

*Chairman of the Council*

Councillor R. Taylor, J.P.

*Chairman of the Health Committee*

Councillor J. F. Smith

*Public Health Committee*

Councillors:

A. Bowers

S. Cooper

E. Hutchinson

Mrs L. L. Kelly

Mr P. Kelly

C. Littlejohn

A. Moulson

J. D. Pearman

Mrs R. Ward



## **HORBURY URBAN DISTRICT PUBLIC HEALTH STAFF**

*Medical Officer of Health and Divisional Medical Officer*  
Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.

*Deputy Medical Officer of Health and Senior Departmental Medical Officer*  
Barbara Briggs, M.B., Ch.B., D.P.H.

*Public Health Inspector*  
G. R. Millington, M.A.P.H.I., M.R.I.P.H.H., M.R.S.H.

*Public Health Inspector's Clerk*  
S. Blackburn

## **WEST RIDING COUNTY COUNCIL (PREVENTIVE MEDICAL SERVICES: HEALTH DIVISION 13)**

*Departmental Medical Officers and School Medical Officer*  
Irene Hargreaves, M.B., Ch.B.  
Doreen M. Anderson, M.B., Ch.B. (Part-time)  
Ruth L. Skrine, M.B., Ch.B. (Part-time)  
A. Green, M.B., Ch.B. (Sessional)  
Irene Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.C.P.S. (E.)

*Divisional Nursing Officer*  
Miss A. Hibbard, S.R.N., S.C.M., H.V., Certificate, Q.N.

*Nursing Officers*  
Mrs J. Pearson, S.R.N., S.C.M., H.V. Certificate  
Mrs P. Grindel, S.R.N., S.C.M., H.V. Certificate Q.N.  
Mrs M. Lynch, S.R.N., S.C.M.

*Health Visitors and School Nurses*  
Mrs A. Gillies, S.R.N., S.C.M. (Part 1), S.R.F.N., H.V. Certificate  
Mrs M. Rhoades, S.R.N.

*Midwife*  
Mrs C. L. Marr, S.R.N., S.C.M.

*Home Nurses*  
Mrs E. G. I. Beaumont, S.R.N., S.C.M. (Part 1, Q.N.)  
Mrs M. E. Scott, S.R.N., S.C.M., Q.N. (Relief Nurse)

*Chiropodists*  
Mrs A. Lodge, M.Ch.S., S.R.Ch. (Part-time)  
Mr E. Fearby, F.Inst.Ch., S.R.Ch. (Part-time)

*Child Guidance Service*  
K. N. Maxwell, M.B., Ch.B. Psychiatrist  
H. Sanderson, B.Sc., Dip.Ed., M.B., Ch.B., D.P.H., D.P.M.  
J. B. Mannix, M.Ed., Psychologist  
Mrs A. B. Castle, B.A., Psychologist  
D. Clark, B.A., Cert. Ed., Psychologist

*Speech Therapist*  
Mrs A. M. Cooper, L.C.S.T. (Part-time)

*Divisional Administrative Officer*  
A. Wright, D.M.A., D.P.A.



*Clerical Staff*

D. Leach (Senior Clerk)  
Mrs S. M. Aspinall\*  
Mrs P. Baldwin  
Mrs E. Brier  
Mrs L. Crofton\*  
Miss S. M. Davies  
Mrs A. Doidge  
Miss K. Edmondson  
Mrs H. Ferrari  
Mrs K. Foster  
Mrs K. Graham  
Miss J. E. Hallas  
Mrs V. Lancaster\*  
P. M. Sheard  
Mrs M. Wilford\*

\* Part-time

**LEEDS REGIONAL HOSPITAL BOARD  
CONSULTANT STAFF**

*Ear, Nose and Throat Surgeon*

T. B. Hutton, F.R.C.S.

*Chest Physician*

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

*School Ophthalmologist*

K. K. Prasher, M.B., B.S., D.O.

*Paediatrician*

C. S. Livingstone, M.B., B.S., M.R.C.P., D.P.H.

*Orthopaedic Surgeon*

Miss M. A. Pearson, F.R.C.S.

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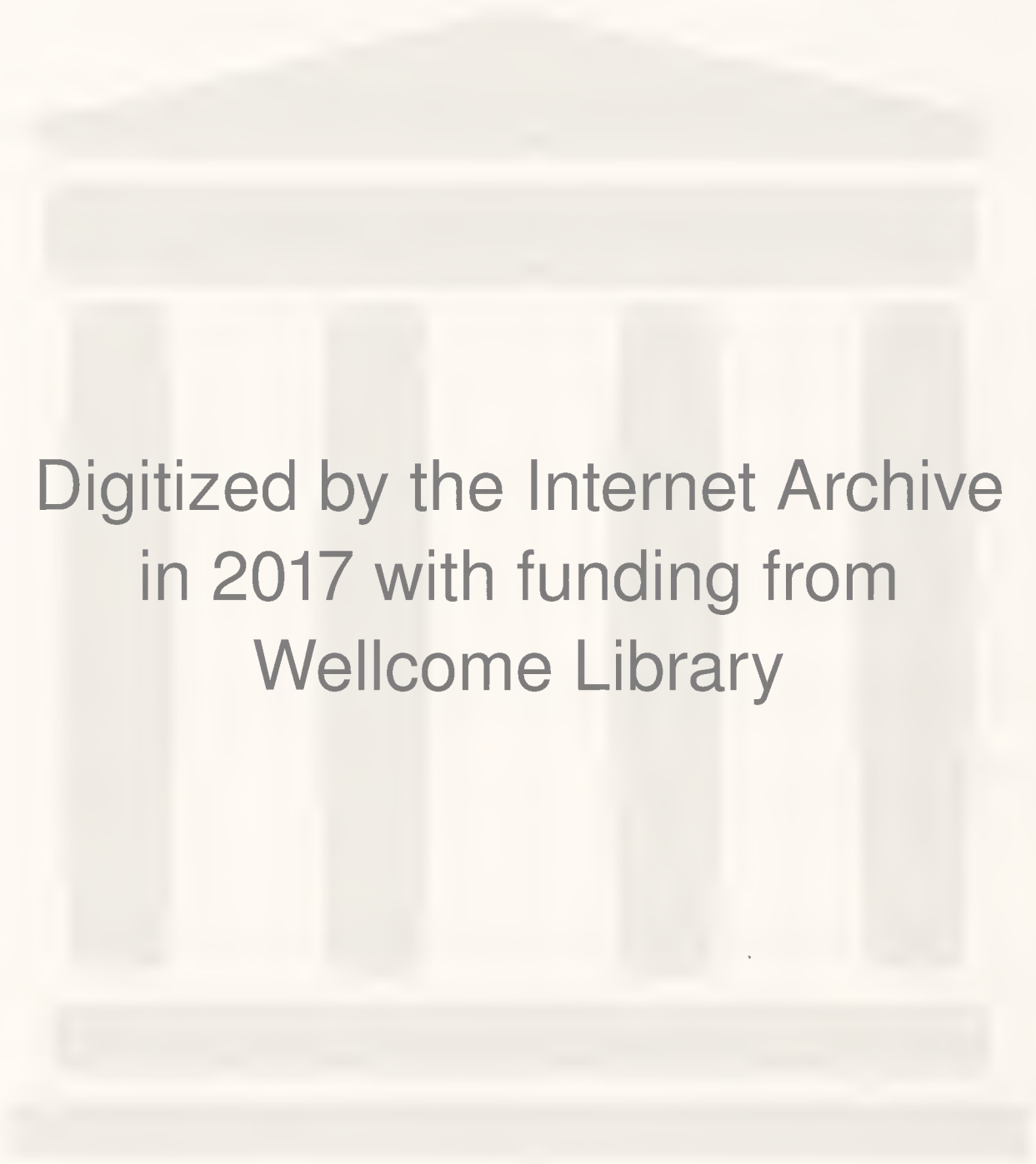
Clinic Premises

Congregational Chapel, Tithe Barn Street, Horbury.

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Child Health Clinic	Monday	2-4 p.m.
School Clinic—by appointment	First Thursday in month	10 - noon
Chiropody Clinic—by appointment	Tuesday	2-5 p.m.
Immunisation and Vaccination	Monday	2-4 p.m.
Dental Clinic—by appointment	Croft House, Ossett	
Child Guidance Clinic— by appointment	Croft House, Ossett	
Ophthalmic Clinic—by appointment	Croft House, Ossett	
Cervical Cytology Clinic— by appointment	Croft House, Ossett	
Family Planning Clinic— by appointment	Croft House, Ossett	

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Divisional Health Office  
Corporation Street  
Morley

24th May, 1972

To the Chairman and Members of the Horbury Health Committee

Mr Chairman, Ladies and Gentlemen,

I have much pleasure in submitting my Annual Report for 1971.

I was privileged during the first ten weeks of 1971 to attend a Management Course at Birmingham University. To some, the term management is synonymous with business ability, efficiency, budgeting, cost control and the use of more refined or scientific methods of market control including computer techniques, whose end result eventually is the saving of money leading to an increase in profit. All these methods hope to diminish uncertainties particularly in respect of the attitudes of the individual consumer so that prediction, planning and co-ordination can be depended upon as being accurate. There is no doubt that the Health Service has a lot to learn from management techniques and there is a lot to be gained in respect of efficiency and financial savings, which is as an important consideration in the health service as in private industry. Nevertheless the assumption that management techniques can be applied overall to the solution of medical and social issues fails to accept the involvement of the human factor which on many occasions will be unpredictable and irrational, and it should be understood that the introduction of such techniques will not provide the instant panacea for the ills, true or imaginary, of the National Health Service. It is important therefore that any management structure designed for the Health Service be orientated to cater for the needs of the patient as an individual and not constructed with the Administration as primary and the patient as a secondary consideration.

It is pleasing to report that there has been an increase in health education in both the senior and junior schools in 1971, and indeed we have started a health education programme in one infants' school. If progress in this direction should continue then we might eventually look forward to a planned health education programme right through school life, forming part of the general school curriculum. One does hear a lot these days about sex education, but this forms only a small, albeit an important, part of the health education programme, and in 1972 a successful symposium was held for the second year running in a senior school for the fifth and sixth year students. Dr Turner, Medical Officer of Health for Bradford, in his Annual Report for 1970 said—"... One is aware that some persons who are enthusiastic in proselytising sexual ideas may be doing so because they have problems of their own. It is difficult to find people who are qualified to assess the contents of sex education material, and one would like to be certain that such experts are themselves sexually mature and their judgements accordingly trustworthy ...", and of course this may be true, but one must also be aware that the person who professes extreme caution may equally have problems in this direction and perhaps those best qualified to assess the content of sex education material lie in between these two extremes.



I think one must accept that sex is a normal biological urge which will dramatically influence our children from puberty onwards. This evil or beauty, depending upon your upbringing, will appear and there is nothing that can be done to prevent it. If one accepts this fact, then I believe it is axiomatic that children be taught to understand this phenomenon and in my opinion this can be adequately done in the school system, and like all health education it can be undertaken directly by the staff of the Health Department or preferably by the teaching staff with the support of the Health Department. This does not mean that parents have no part to play—indeed, they have the right if not the obligation to impart their knowledge and ideas to their children and it should be expected that the application of any knowledge gained either in school or elsewhere would be conditioned by the views, political, social and religious, of the parents until such time as the child comes to express himself with ideas of his own.

There is an aspect of health education however which is causing some concern, and it is in respect of the relationship between smoking and diseases of the chest. As you are aware, cigarette advertising on television was banned in 1965 and this was followed by the health warning notice which has to be printed on each packet of cigarettes. However, the cigarette advertisers have now changed their methods—presumably by the employment of the services of motivational market researchers—though their aim, the increased sale of cigarettes, remains the same. They are now acting as sponsors for various sporting events, and have even become involved in supporting the British team at the Olympic Games. It has become increasingly noticeable to those who watch sporting events on television that large hoardings advertising cigarettes are very prominent—which of course is quite legal and does not contravene the law. The effect, of course, is to relate a proven dangerous practice to what are regarded as healthy activities, and by the sheer power and appeal of these techniques undo a large part of the health education work already undertaken in this direction.

This year I have chosen the notifiable infectious diseases as the topic in the “What are . . .” series, and I have outlined the nature of the various diseases which are notifiable by law to the Medical Officer of Health.

With the resignation of Mrs Shields, speech therapist, in December 1970, the Division was left with no speech therapy service and this position remained until September 1971, when Mrs Cooper was appointed. Nevertheless Mrs Cooper is only able to offer this Division one session a week at Walton Clinic, so for all intents and purposes the majority of the Division continues to have no service.

The implementation of the Mayston Report—a report on Management Structure in Local Authority Nursing Services—which is the local health authorities’ equivalent to the Salmon Report for hospitals, has divided management into three levels. The top tier decides policy, the middle tier decides methods of implementing the policies and the lower tier (first line managers) sees that these methods are carried out. In this Division, three first line managers were appointed in 1971, one for health visitors, one for home nurses and one for midwives—the latter being a shared appointment with the neighbouring Division which constitutes Batley, Cleckheaton, Spenborough and Mirfield.

May I thank you, Mr Chairman and members of the Committee for your support during the year, and also the staff of the Divisional Office, and Mr Millington, along with his staff, for their co-operation and assistance which has been readily given.

GEOFFREY IRELAND

*Medical Officer of Health*

### Principal Statistics, 1971

	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Division 13
Population at 1961 Census ... ..	40,338	14,737	8,642	20,221	83,938
Registrar General's estimate of pop- ulation mid 1971	44,660	17,380	8,960	24,210	95,210
Area in acres ...	9,494	3,333	1,280	21,344	35,451
Average number of persons per acre	4.2	4.4	6.8	0.9	2.3
Number of dwelling houses ... ..	16,952	6,263	3,371	8,349	34,935
Rateable value ...	£1,558,479	£508,360	£252,787	£653,179	—
Product of Penny Rate ... ..	£10,782	£4,985	£2,386	£5,404	—

# Vital Statistics, 1971

	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Division 13
Live Births:					
Legitimate ...	760	314	142	414	1,630
Illegitimate ...	65	21	7	22	115
Total ...	825	335	149	436	1,745
Stillbirths:					
Legitimate ...	10	1	2	1	14
Illegitimate ...	—	—	—	—	—
Total ...	10	1	2	1	14
Total Live and Stillbirths ...	835	336	151	437	1,759
Deaths:					
Deaths under 1 week ...	12	2	1	—	15
Deaths under 4 weeks ...	13	3	1	—	17
Deaths under 1 year ...	24	5	2	3	34
Total Deaths all ages ...	533	181	81	234	1,029
Rates:					
Crude Birth Rate (per 1000 of pop- ulation) ...	18.5	19.3	16.6	18.0	18.3
Standardised Birth Rate ...	19.0	18.5	16.1	16.9	—
Stillbirth Rate (per 1000 live and stillbirths) ...	12.0	3.0	13.2	2.3	8.0
Crude Death Rate (per 1000 of population) ...	11.9	10.4	9.0	9.7	10.8
Standardised Death Rate ...	13.7	12.7	10.0	12.6	—
Perinatal Mort- ality Rate (still- births and deaths per 1000 live and stillbirths) ...	26.3	8.9	20.0	2.3	16.5
Infant Mortality Rate (total infant deaths under one year per 1000 live births) ...	29.1	14.9	13.4	6.9	19.5
Legitimate Infant Mortality Rate (legitimate infant deaths per 1000 legitimate live births) ...	27.5	15.8	14.0	4.8	18.4
Illegitimate In- fant Mortality Rate (illegitimate infant deaths per 1000 illegitimate live births) ...	46.1	0.0	0.0	45.4	34.7
Maternal Mort- ality Rate (deaths per 1000 live and stillbirths) ...	0.0	0.0	0.0	0.0	0.0
Percentage of Births which were illegitimate ...	7.7	6.2	4.6	5.0	6.5



Cause and Age of Death in Horbury, 1971

Cause of Death	Total all Ages	Male	Female	Under 4 weeks	4 weeks & under 1 year	Age							
						1- 5-	5- 15-	15- 25-	25- 35-	35- 45-	45- 55-	55- 65-	65- 75-
Malignant Neoplasm, Stomach ...	5	3	2	—	—	—	—	—	—	—	1	3	1
Malignant Neoplasm, Intestine ...	5	2	3	—	—	—	—	—	—	1	1	3	—
Malignant Neoplasm, Lung and Bronchus ... ..	3	2	1	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Uterus ...	1	—	1	—	—	—	—	—	—	—	1	—	—
Other Malignant Neoplasms ...	6	4	2	—	—	—	—	—	—	1	2	—	3
Other Diseases of Nervous System	1	1	—	—	—	—	—	—	—	—	—	1	—
Chronic Rheumatic Heart Disease	2	1	1	—	—	—	—	—	—	—	—	—	—
Ischaemic Heart Disease ... ..	17	11	6	—	—	—	—	—	—	—	1	1	—
Other Forms of Heart Disease ...	7	2	5	—	—	—	—	—	—	—	—	3	6
Cerebrovascular Disease ... ..	13	5	8	—	—	—	—	—	—	1	1	6	8
Other Diseases of Circulatory System	2	—	2	—	—	—	—	—	—	—	—	—	4
Bronchitis and Emphysema ...	9	6	3	—	—	—	—	—	—	1	1	2	5
Other Diseases of Respiratory System	1	1	—	—	—	—	—	—	—	—	—	1	2
Peptic Ulcer ... ..	1	1	—	—	—	—	—	—	—	—	—	—	5
Other Diseases of Digestive System	2	1	1	—	—	—	—	—	—	—	—	1	—
Other Diseases, Genito Urinary System ... ..	1	—	1	—	—	—	—	—	—	—	1	—	—
Birth Injury, Difficult Labour, etc.	2	1	1	1	1	—	—	—	—	—	—	—	—
Symptoms & Ill-defined Conditions	1	1	—	—	—	—	—	—	—	—	—	1	—
Motor Vehicle Accidents ... ..	1	—	1	—	—	—	—	—	—	1	—	—	—
All Other Accidents ... ..	1	—	1	—	—	—	—	—	—	—	1	—	—
TOTAL: All causes ... ..	81	42	39	1	1	—	—	—	—	—5	15	30	29



Principal Vital Statistics for the Year 1971 Compared with other Areas

	Divi- sion 13	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Aggregate West Riding Urban Districts	Aggre- gate W.R. Rural Districts	West Riding Adminis- trative County	England and Wales (Pro- visional Figures)
Standardised Birth Rate (per 1,000 estimated population) ... ..	—	19.0	18.5	16.1	16.9	17.2	16.9	17.2	16.0
Standardised Death Rate (per 1,000 estimated resident population) all causes ... ..	—	13.7	12.7	10.0	12.6	12.5	12.1	12.3	11.6
Cancer Mortality Rate ... ..	1.92	2.08	1.73	2.23	1.65	2.25	1.94	2.16	*
Cerebrovascular Disease ... ..	1.67	2.10	1.44	1.45	1.12	1.86	1.46	1.75	*
Circulatory Diseases ... ..	4.56	4.93	4.66	3.12	4.34	4.62	3.92	4.41	*
Respiratory Disease (exc. tuberculosis of respiratory system) ... ..	1.37	1.46	1.09	1.12	1.36	1.53	1.16	1.42	*
Infant Mortality (per 1,000 live births) ... ..	19.5	29.1	14.9	13.4	6.9	18.7	17.8	18.4	17.5
Maternal Mortality (per 1,000 live and still births) ... ..	0.0	0.0	0.0	0.0	0.0	0.09	0.11	0.01	
Still Birth Rate (per 1,000 live and still births) ... ..	8.0	12.0	3.0	13.2	2.3	12.8	11.2	12.3	12.5
Perinatal Mortality Rate ... ..	16.5	26.3	8.9	20.0	2.3	21.8	21.4	21.7	22.3
Neo-natal Mortality Rate ... ..	9.7	15.8	9.0	6.7	0.0	10.7	11.7	11.0	11.6

\* Figures not available

# Vital Statistics, 1962-1971 — Horbury U.D.

Year	Birth Rate	Perinatal mortality Rate	Still-birth Rate	Death Rate	Infant mortality Rate	Maternal mortality Rate	Cancer Death Rate	No. of cases of :			No. of deaths :		
								Measles	T.B. (all forms)	Diphtheria	Polio-myelitis	T.B. (all forms)	Cancer of lung and bronchus
1962	17.9	50.3	18.9	13.5	38.5	0.0	2.18	70	1	0	1	0	4
1963	16.1	7.0	7.0	11.1	0.0	0.0	1.94	39	2	0	0	0	7
1964	19.4	23.3	5.8	10.4	29.2	0.0	2.27	15	0	0	0	0	4
1965	18.2	18.4	6.1	12.6	18.5	0.0	2.02	442	2	0	0	0	7
1966	15.8	20.8	20.8	12.0	0.0	0.0	2.24	127	0	0	0	0	5
1967	17.5	25.0	6.0	11.5	25.0	0.0	0.89	40	1	0	0	0	1
1968	18.1	0.0	0.0	12.3	6.1	0.0	2.32	84	0	0	0	0	3
1969	14.8	43.8	21.9	11.7	52.2	0.0	1.65	2	0	0	0	0	5
1970	13.9	40.0	0.0	12.2	48.0	8.0	2.40	43	0	0	0	0	5
1971	16.6	20.0	13.2	9.0	13.4	0.0	2.23	3	0	0	0	0	3

## INFECTIOUS DISEASES

Disease	Year of Notification				
	1967	1968	1969	1970	1971
Scarlet Fever ... ..	3	1	1	6	1
Whooping Cough ... ..	—	—	—	—	1
Acute Poliomyelitis ... ..	—	—	—	—	—
Measles ... ..	40	84	2	43	3
Diphtheria ... ..	—	—	—	—	—
Dysentery ... ..	—	1	1	—	—
Smallpox ... ..	—	—	—	—	—
Acute Encephalitis ... ..	1	—	—	—	—
Acute Meningitis ... ..	—	—	—	—	1
Typhoid Fever ... ..	—	—	—	—	—
Paratyphoid Fever ... ..	—	—	—	—	—
Food Poisoning ... ..	—	—	—	—	—
Ophthalmia Neonatorum ... ..	—	—	—	—	—
Pulmonary Tuberculosis ... ..	1	—	—	—	—
Other forms of Tuberculosis	—	—	—	—	—
Malaria ... ..	—	—	—	—	—
Leptospirosis ... ..	—	—	—	—	—
Anthrax ... ..	—	—	—	—	—
Tetanus ... ..	—	—	—	—	—
Infective Hepatitis (Jaundice)	*	—	—	—	1

\* Notifiable from 15.6.68

## TUBERCULOSIS

Cases requiring examination are referred to the Chest Clinic at Dewsbury General Hospital, the Chest Clinic at Pinderfields Hospital, Wakefield, and occasionally, the Leeds Chest Clinic. Regular home supervision is carried out by a health visitor and free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician.

### Summary of Tuberculosis Register for Horbury as at 31 December, 1971

	Respiratory			Non-Respiratory			Total
	M	F	Total	M	F	Total	
No. on register at 1st January, 1971 ... ..	1	1	2	—	—	—	2
No. first notified during 1971 ... ..	—	—	—	—	—	—	—
No. of cases restored to register ... ..	—	—	—	—	—	—	—
No. of cases entered in register other than by notification ... ..	—	—	—	—	—	—	—
No. removed from register during 1971:							
(a) Died ... ..	—	—	—	—	—	—	—
(b) Removed from district ... ..	—	1	1	—	—	—	1
(c) Recovered ... ..	—	—	—	—	—	—	—
No. remaining on register on 31st December, 1971	1	—	1	—	—	—	1

### Age of New Cases and Deaths from Tuberculosis occurring in 1971 in Horbury

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0—4 ... ..	—	—	—	—	—	—	—	—
5—14 ... ..	—	—	—	—	—	—	—	—
15—24 ... ..	—	—	—	—	—	—	—	—
25—44 ... ..	—	—	—	—	—	—	—	—
45—64 ... ..	—	—	—	—	—	—	—	—
65 and over ... ..	—	—	—	—	—	—	—	—
Totals ... ..	—	—	—	—	—	—	—	—



During the year two cases of tuberculosis occurred in members of staff working for the West Riding County Council (neither lived in the Division), one of whom was a contact of the other. As a result some 83 children in the Division who were contacts of one or both of these cases were traced and either skin tested and/or referred to the Chest Clinic for a chest x-ray. It is pleasing to report that no case of tuberculosis was recorded in this group of children.

The Ministry of Health Circular 18/67 drew attention to the necessity of chest x-ray for adults coming into contact with groups of children and in consequence of this the following are referred for this examination: all adults working in nurseries, playgroups and as child-minders; all teachers commencing employment; all students in colleges of education; any employee of the County Council or District Council who is likely to come into contact with groups of children.

The Mass Radiography Unit visits the Division regularly and the following statistics were obtained for 1971 from the Consultant Physician in charge of the Unit.

Area Surveyed	No. Examined	Abnormalities Discovered			
		Tuberculosis		Other*	Total
		Active	Inactive		
Morley M.B.	1325	—	—	2	2
Ossett M.B.	218	—	—	—	—
Horbury U.D.	720	—	—	1	1
Wakefield R.D.	255	1	1	—	2
Total	2518	1	1	3*	5

\* The non-tuberculosis conditions listed were classified as follows—

Condition	Number
Bacterial and Virus Pulmonary Infections	3
Total	3

Vaccination against tuberculosis is offered to schoolchildren aged eleven years by the School Health Service—but contacts of cases who have a negative skin test are usually offered vaccination at the Chest Clinics.

### Details of BCG vaccination undertaken at Chest Clinics

	Age in Years			Total
	0-4	5-15	16+	
No. skin tested ... ..	27	20	8	55
No. found positive ... ..	1	4	2	7
No. found negative ... ..	26	16	6	48
No. vaccinated ... ..	26	16	6	48
No. of Babies vaccinated at birth without skin test ... ..	17	—	—	17

## WHAT ARE THE NOTIFIABLE INFECTIOUS DISEASES?

Those infectious diseases which are notifiable to the Medical Officer of Health are defined in the Health Services and Public Health Act 1968 and the in Public Health (Infectious Diseases) Regulations 1968, and they are detailed later.

The responsibility for notifying a case or suspected case of infectious disease or food poisoning rests exclusively with the General Practitioner attending the patient unless he believes that another General Practitioner has already notified the case. All certificates and associated documents must be despatched under a confidential seal and must remain so except in so far as the Medical Officer of Health considers it reasonably necessary for preventing the spread of disease. A fee of 25p is payable to the General Practitioner by the local authority for each notification received on the prescribed certificate.

The five important international diseases — Cholera, Plague, Relapsing Fever, Smallpox and Typhus — are defined by name in the Health Services and Public Health Act 1968, and the Medical Officer of Health must immediately inform the Chief Medical Officer at the Department of Health and Social Security of any case or suspected case occurring in his district.

Notification is not of course the only requirement under the above Act and associated regulations. For example the Medical Officer of Health has power to vaccinate or immunise contacts of persons suffering from notifiable diseases; he may require the medical examination of any person whom he suspects to be suffering from a notifiable disease or carrying an organism that is capable of causing it, under the order of a Justice of the Peace. The Medical Officer may similarly secure the medical examination of a group of persons where he suspects one or more of them to be carriers of a notifiable disease and any order may be combined with a warrant authorising the Medical Officer of Health to enter premises. In this context, medical examination includes bacteriological and radiological tests and similar examinations. Such provision would of course only be involved when persuasion has failed. The Medical Officer of Health also has powers to exclude a person from work in order to prevent the spread of infection, and compensation may be payable in respect of loss of wages, salary, etc., in certain cases.

Where the local authority has reason to believe that rats in their district are threatened by or infected with plague or are dying in unusual numbers they must report the matter to the Chief Medical Officer at the Department of Health and take measures to destroy all rats in the district, and for preventing rats from gaining entry to buildings.

The Medical Officer of Health must send to the Registrar-General by post every week a return of the number of cases of each diseases including suspected cases of food poisoning notified to him during the week ended on the preceding Friday night—and in addition the Medical Officer of Health for a county district shall send a copy of the return to the County Medical Officer of Health. Further a quarterly return shall also be made showing the final number of cases after the correction of any diagnosis subsequently made by the notifying medical practitioner or the medical practitioner in charge of the patient. A copy is also sent to the County Medical Officer.

The notifiable infectious diseases are as follows —

### *Acute Encephalitis*

Encephalitis is an inflammation of the brain tissue itself, and the majority of cases are probably caused by a virus (which is an infective agent smaller than bacteria, the majority of which can only be visualised by using an electron microscope). A number of the conditions are accidentally acquired by man through an arthropod vector like the mosquito or various ticks, the main reservoir of infection being in birds, bats, reptiles, etc., with man being an important host in the



cycle. However, in the presence of a suitable vector the disease can be transmitted from man to man and thus become endemic or even epidemic. Encephalitis may also be present with other diseases such as poliomyelitis, malaria, mumps, rabies, measles, chicken-pox and after certain vaccinations.

### *Acute Meningitis*

Meningitis is an inflammation of the meninges or the layers of tissue covering the brain. Like Encephalitis, there are many causes and sometimes the two conditions are indistinguishable—when it is known as a meningo-encephalitis. The commonest cause of Meningitis in this country is due to the organism known as the Meningococcus which produces cerebrospinal fever in children and young adults—particularly where crowded living conditions exist. Transmission is droplet-spread from cases or carriers. Meningococcal meningitis is a bacterial infection, but another condition, lymphocytic choriomeningitis exists, which is of virus origin. In this condition the reservoir of the infection is the infected house mouse, though infection in guinea pigs, monkeys, dogs and swine has also been observed. The virus is excreted in the urine and faeces of infected animals, and transmission to man is probably through contaminated food.

### *Acute Poliomyelitis*

This is an acute viral illness involving the nervous system having a wide range of severity from inapparent infection to non-paralytic disease. Transmission is by contact with infected throat secretions and faeces. Epidemiological evidence suggests that oral/oral spread may be more significant than faecal/oral spread where sanitation is good.

### *Anthrax*

This is a bacterial disease usually of the skin. It is transmitted by contact with the tissues of animals dying of the disease or from contaminated hair, wool, hides, bones and soil. The disease spreads through animals through contaminated meat, bone meal or other feed products and usually gains entrance to man through some injury, frequently minor, such as that caused by a spicule of bone. This is primarily an occupational hazard of industrial workers who process hides, hair and bones. There is an initial vesicle (fluid-filled bleb) at the site of the inoculation which dries and forms a black scab. Untreated infections continue to a septicaemia with a fatality rate of between 5 and 20%. Pulmonary and abdominal anthrax are rare and carry a much higher fatality rate.

### *Cholera*

A bacterial disease characterised by the sudden onset of profuse watery diarrhoea, vomiting and collapse. Death may occur within a few hours of onset and the fatality rate in untreated cases may exceed 50%. Transmissions occur through the drinking of water contaminated with infected faeces and vomitus. Spread from person to person is of relatively minor importance.

### *Diphtheria*

This is an acute bacterial disease of the tonsils, throat, larynx or nose. Laryngeal diphtheria is serious in infants and young children as it can cause obstruction to the air passages. There is a fatality rate of about 5 to 10% that has remained unchanged in 50 years. Transmission is by contact with a patient or carrier by droplet spread or by contact with articles soiled by discharges from infected persons.

### *Dysentery (Bacillary)*

An acute disease of the intestine characterised by diarrhoea, fever and sometimes vomiting. In severe cases the faeces contain blood. In temperate climates the disease is self-limiting, complications are rare, mild cases and inapparent infections numerous and the fatality, related mainly to the very young



and the very old, less than 1 %. Transmission is by faecal—oral spread from an infected person; by objects soiled with faeces; consuming contaminated food or water and by flies.

### *Dysentery (Amoebic)*

A disease of the large intestine caused by the invasion of the lining membrane by pathogenic protozoa—*Entamoeba histolytica* (one of the smallest forms of animal life). The infection may be symptomless or manifested by abdominal discomfort, diarrhoea alternating with constipation or acute diarrhoea with profuse bleeding. The infection may be spread by the blood stream producing abscesses in the liver, lungs and brain. Transmission is mainly by drinking water contaminated by the faeces of infected persons or eating raw fruit and vegetables contaminated by the soiled hands of cases or by flies.

### *Food Poisoning*

This is a term applied to certain illnesses of sudden onset, usually enteric in nature and acquired through the consumption of food, milk or water. The term applies to intoxications caused by chemical contaminants, toxins produced by bacterial growth, a variety of organic substances that might be present in natural foods such as certain mushrooms, mussels, eels, or other seafoods and the large group of food poisoning organisms known as the *Salmonellae*. The commonest symptom is acute gastroenteritis with abdominal pain, diarrhoea, nausea and vomiting. Food poisoning outbreaks are usually recognised by the sudden occurrence of a group of illnesses within a very short period of time among individuals who have consumed one or more foods in common.

### *Infective Jaundice*

A virus infection of the gastro-intestinal system and the liver. Symptoms include malaise, fever, loss of appetite, nausea, followed within a few days by jaundice. Severity varies from the mild case without obvious jaundice lasting a week or so to a severely disabling disease lasting several months. Transmission is by person to person contact by the faecal/oral route. Outbreaks have been related to contaminated food and water.

### *Leprosy*

This is a chronic mildly infectious disease of bacterial origin. It is a condition of the skin and peripheral nerves with consequent areas of anaesthesia, muscle weakness, paralysis and destructive changes in skin, muscle and bone. Progress of the disease is slow, and death is usually due to other causes. Mode of transmission is not established. Bacteria from skin lesions and nasal discharges of infectious patients presumably gain entrance to the body through the skin or respiratory tract. Close household contact is important in the spread of this disease.

### *Leptospirosis*

A group of infections characterised by fever, headache, malaise, vomiting, muscular aches, meningitis, jaundice, nephritis and an occasional rash. Fatality rate is low but increases with advancing age and may reach 20 % or more in patients with jaundice and nephritis. The disease usually occurs following exposure to water contaminated by urine of domestic or wild animals, i.e. swimming, accidental or occupational immersion. It is an occupational hazard of farmers, sewer workers, miners, abattoir workers and fish workers—all by their possible association with rats. Infection presumably results from the penetration of abraded skin by the organism—the *leptospira*—or by its ingestion.

### *Malaria*

This disease consists of a feeling of illness followed by a shaking chill and rapidly rising temperature, accompanied by headache and nausea and ending with profuse sweating. After an interval free of fever, the syndrome is repeated

either daily, every other day or every third day depending on the type of organism causing the disease. The duration of an untreated attack varies from a week to a month, or longer. Relapses are common and may occur at irregular intervals for several years. Transmission is by an infected anopheline mosquito. The mosquito ingests blood from an infected person containing the parasite which multiplies in the mosquito and concentrates in the salivary glands. These are then injected into man when the insect thereafter takes blood meals. There are four types of disease which constitute the human malarias, three are generally not life-threatening, but the fourth, malignant tertian, is a disease which can become rapidly progressive and end in coma and death. This is a disease which must always be considered in someone presenting in coma who has recently returned from abroad.

### *Measles*

An acute highly communicable virus disease presenting with fever, nasal discharge, conjunctivitis, bronchitis and a characteristic dusky-red blotchy rash appearing on the third or fourth day. It is a severe disease among malnourished children, though in the more developed countries it is the complication of pneumonia, ear infections and encephalitis which present the problems. Transmission is by droplet-spread or direct contact with the secretions of an infected person.

### *Ophthalmia Neonatorum*

This condition presents as an acute inflammation of the conjunctiva of one or both eyes occurring within the first three weeks of life. The *Gonococcus* is the most important cause of the infection as it can lead to blindness but it is not the most frequent of the potential infecting agents. Transmission is by contact with the maternal birth canal of an infected mother during childbirth.

### *Paratyphoid Fever*

A generalised bacterial disease involving the gastro-intestinal system and presenting with continued fever, occasional rash and usually diarrhoea. Clinically similar to typhoid fever, but has a much lower fatality rate and many mild attacks are no more than a transient diarrhoea. Transmission is by direct or indirect contact with faeces or urine of a patient or carrier. Vehicles of indirect spread are food, milk and milk products and shellfish. Occasionally water supplies are implicated following contamination.

### *Plague*

A highly infectious disease characterised by swollen glands, septicæmia, toxæmia, fever and coma. There are three types: (1) Bubonic plague—the most common, with acutely inflamed and painful swellings of the lymph nodes (buboes) draining the site of the original infection; (2) Septicæmic plague—proved by blood smears or blood culture. (It is rare and is a form of bubonic plague in which the bubo is absent or obscure and includes throat and tonsillar infections.); (3) Pneumonic plague—the most serious form involving the lungs, the most infectious, and usually fatal. (1) and (2) above have a fatality rate of between 25 and 50%. Bubonic plague is transmitted by the bite of an infected flea—*Xenopsylla cheopsis* (the oriental rat flea). Pneumonic plague is spread by droplet infection. The reservoir of infection is found in wild rodents though the infection may transfer to domestic rats in urban or rural areas or transfer from ship to land may occur at ports.

### *Relapsing Fever*

Epidemic relapsing fever is acquired by crushing an infected louse over the bite wound or over an abrasion of the skin. Ticks may also be involved. The reservoir of louse-borne disease is man, though tick-borne infections in the United States of America can have a focus of infection in ground squirrels and prairie dogs. Relapsing fever is characterised by bouts of fever lasting 2 to 9 days alternating with afebrile periods of 2 to 4 days. The number of relapses varies from two to ten or more.



### *Scarlet Fever*

Scarlet fever is a streptococcal sore throat with a rash. The causative organism is the same as that which caused the majority of cases of tonsillitis. There are many types of streptococcus in the group which affects man, but only some have the ability to cause the rash, and once produced it does not occur again. The reservoir of infection is man, either acutely ill patients or convalescent patients and carriers. The disease is transmitted by direct contact or by droplet infection. Nasal carriers are particularly liable to transmit the disease.

### *Smallpox*

This is a viral disease usually with a typical rash. The symptoms prior to the eruption of the rash resemble influenza, the temperature then falls and the rash appears. This rash then progresses through successive phases to the pustular stage when the fever again becomes quite marked. The rash on any particular part of the body is always at the same stage of maturation as opposed to chicken-pox where successive "cropping" occurs. Further the rash in smallpox tends to affect the extremities, i.e. hands, feet and face, rather than the trunk. In the case of chicken-pox the reverse tends to apply. There are two types of smallpox—variola minor (alastrim) and variola major (classical). The former is usually associated with a fatality rate of about 2% or less and the latter with a fatality rate of between 40 and 50% in the unvaccinated. The reservoir of infection is only in man and transmission is only by close contact with patients or with their clothing or materials which they have contaminated.

### *Tetanus*

This is an acute disease caused by the toxin of the tetanus bacillus growing at the site of an injury. The disease is characterised by painful muscular contractions which increase in severity, producing a fatality rate of up to 70%, according to age and treatment. The reservoir of infection is in the intestinal canal of animals especially horses in which it is a normal harmless inhabitant. It can exist in man in a similar way. The danger arises when the tetanus spores (a hard shell round the bacterium which makes it extremely resistant to heat and drying out) are introduced into the body during injury, particularly dirty puncture wounds contaminated with soil or street dust, and the majority of cases tend to follow injuries considered to be too trivial for medical consultation. The disease is not directly transmitted from man to man.

### *Tuberculosis*

Tuberculosis is a chronic bacterial disease. Primary infection usually goes unnoticed but can be detected by a skin test. This condition may progress to the pulmonary, miliary, meningeal and other extra pulmonary forms of the disease. Serious outcome of the primary infection is more frequent in infants. Acute pulmonary tuberculosis can arise as a re-activation of a latent focus of infection and can have a variable course with exacerbations and remissions. Diagnosis is by X-ray and confirmed by the demonstration of the tubercle bacilli in the sputum or gastric washings. Extrapulmonary tuberculosis is less common and includes meningitis, miliary tuberculosis and the involvement of bones and joints and other organs of the body. The reservoir of infection in this country is man, but in some countries diseased cattle still play a major part in the dissemination of the disease. Transmission is by contact with the tubercle bacilli in the sputum of infected persons—air-borne route being the usual mode of spread.

### *Typhoid Fever*

A disease characterised by continued fever and a rash on the trunk. Constipation is more common than diarrhoea. There is a fatality rate of 10%, reduced by antibiotic therapy to 2-3% or less. The infectious agent is the typhoid bacillus, and the reservoir of infection is man—patients and carriers. Transmission is by direct or indirect contact with infective urine or faeces. The principle vehicles of spread are contaminated water and food.

### *Typhus Fever*

Onset of this disease is sudden, with headache, prostration and fever. A rash appears on the 5th/6th day and toxæmia is pronounced. In the absence of specific treatment the fatality rate varies from 10 to 40%. Mild infections may occur in vaccinated individuals. The disease tends to occur in colder areas where people live under louse-infested unhygienic conditions. Man is the reservoir of the infection and the mode of transmission is via the body louse which feeds on the blood of a patient with febrile typhus fever. Infected lice excrete the infectious agent (a member of the Rickettsia family, which is approximately midway in size between the bacteria and viruses), in their faeces, and they usually defæcate at the time of feeding. Man is infected by rubbing the infective faeces into the wound made by the bite or into other superficial abrasions. Inhalation of dried infective louse faeces as a dust from dirty clothes may also produce infection. The louse itself is killed by the infection within two weeks, but the infectious agent remains viable in the dead louse for several weeks.

There is also a flea-borne variety of typhus which exists in areas where man and rats occupy the same immediate environment. In this case infection is maintained in nature in the rat-flea-rat cycle and man becomes infected by fleas from the rat. There is no direct transmission from man to man. A tick or mite-borne variety also exists (Scrub Typhus) found in the Far East and Northern Australia. The infection is maintained in mites and a mite-rodent-mite cycle probably occurs. Infection in man results from a bite from the infective larval form of the mite.

### *Whooping Cough*

An acute bacterial disease involving the respiratory system characterised by a paroxysmal cough usually within one to two weeks and lasting for up to two months in average cases—well beyond the end of the actual disease process. Fatality is low in countries where vaccination is practised, but a higher death rate is always found in children under one year of age. In underdeveloped countries the incidence is high, and it is among the most lethal of the common communicable diseases of childhood. Transmission is by direct contact with infectious persons.

### *Yellow Fever*

This is an acute viral infectious disease of short duration and varying severity. The mildest cases are sub-clinical. In the more severe cases, jaundice develops, and as the disease progresses, becomes intensified. The disease is endemic in its jungle form in the tropical parts of the American and African continents, but there is no evidence that it has been present in Asia. The jungle form can involve urban areas, but this has not occurred in the Americas since 1942 apart from a few cases in Trinidad, W.I., in 1954. In urban areas the reservoir of infection is man and the disease is spread by the bite of an infective mosquito. Once infected the mosquito remains so for life. In the forest areas, monkeys and marmosets form the reservoir. The blood of patients is infective for the mosquito shortly before the onset of the fever and for the first three days of the illness. The disease is not communicable from man to man without the mosquito acting as vector. The case fatality rate among indigenous populations is less than 5%.



## BUILDING PROJECTS

The building projects listed below are proposed or being undertaken at the time of writing this report.

### *Crossland Road, Churwell*

Erection of a Mini Clinic for Local Authority Services. Purchase of site approved December 1971. Legal formalities regarding site purchase now in progress.

### *Station Road, Drighlington*

Erection of a Health Centre to accommodate local General Practitioner and Local Authority Services. Site purchased late 1971. Tender let for building February 1972. Building to commence June 1972.

### *Corporation Street, Morley*

Proposal to extend existing Central Clinic to accommodate a further five General Practitioners and provide extra rooms for Local Authority Services. This will mean re-designation as a Health Centre. Committee approval being sought at present.

### *Prospect Road, Ossett*

Proposal to erect a purpose built Health Centre to accommodate two General Practitioners and Local Authority Services. The existing building at Croft House is inadequate and inconvenient for present-day services and the fabric is deteriorating. It is proposed to erect the new Centre on land which already belongs to the County Council, adjacent to Croft House. A brief for Committee and the County Architect is in the course of preparation.

### *High Street, Horbury*

Erection of a purpose-built Health Centre to accommodate three General Practitioners and Local Authority Services. Site purchased 1971. Sketch plan approved and working drawings and specifications now being prepared.

### *Slack Lane, Crofton*

Proposal to erect a purpose-built Health Centre to accommodate three General Practitioners and Local Authority Services. Wakefield Rural District Council have agreed to the sale of a site for these premises. Purchase of site at present being negotiated and sketch plans being prepared by the County Architect.

### *Upper Lane, Netherton*

Proposal to erect a Mini Clinic for Local Authority Services on a site to be purchased from the Wakefield Rural District Council on Upper Lane, Netherton. This project is in the rolling building programme for 1973/74.

## HEALTH VISITING

With the attachment of the nursing staff to general practitioners and the fact that their work is now based on practice lists rather than on areas or districts has meant that the records which were kept for the various districts have become meaningless, and I present below therefore statistics which relate to the whole of the Divisional area.

### Summary of Health Visitor's Home Visits in the Division in 1971

Cases visited by health visitors							No. of cases (i.e. first visits)
Total number of cases	...	...	...	...	...	...	9598
Children born in 1971	...	...	...	...	...	...	1715
Children born in 1970	...	...	...	...	...	...	1660
Children born in 1966-69	...	...	...	...	...	...	3192
Total number of children in lines 2-4	...	...	...	...	...	...	6567
Persons aged 65 or over (excluding 'domestic help only' visits...							917
Number included in line above who were visited at the special request of a general practitioner or hospital	...	...	...	...	...	...	600
Mentally disordered persons	...	...	...	...	...	...	36
Number included in line above who were visited at the special request of a general practitioner or hospital	...	...	...	...	...	...	24
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	...	...	...	...	...	...	138
Number included in line above who were visited at the special request of a general practitioner or hospital	...	...	...	...	...	...	123
Number of tuberculosis households visited (i.e. visits by health visitors not employed solely on tuberculosis work)	...	...	...	...	...	...	59
Number of households visited on account of other infectious diseases	...	...	...	...	...	...	89
Other Cases	...	...	...	...	...	...	1792
Number of tuberculosis households visited by tuberculosis visitors (i.e. employed solely on tuberculosis work)	...	...	...	...	...	...	NIL

As regards the health visitor's work in the child health clinics, emphasis is now placed on the developmental assessment of the pre-school child at which skill she is undoubtedly becoming well experienced.

Developmental Assessment of Pre-School Children

	Year of Birth					1971
	1966	1967	1968	1969	1970	
No. of children assessed ... ..	123	87	261	255	1331	1215
No. of children referred to L.A. doctor ... ..						30
No. of children placed on Observation Register ... ..						7
No. of children placed on Handicap/Disability Register ... ..						5
No. of children screened by Stycar Vision Test ... ..						412
No. of children with vision of 3/6 or less referred for further investi- gation ... ..						9
No. of children referred to ophthalmologist as ? squint ... ..						31

She is still concerned of course with the whole family though the inception of the Social Services Department has meant the discontinuation of much of the straightforward social work formerly undertaken by her, particularly in respect of the elderly, as this duty now falls upon the all-purpose social worker in the new Department.

In addition to the attachment to general practitioners, co-operation continues with the Hospital Services, and five health visitors are engaged in hospital liaison work. Two undertake premature baby liaison at Wakefield General Hos-  
pital, Manygates Maternity Hospital and Leeds Maternity Hospital; one carries out geriatric liaison with Wakefield General Hospital, one diabetic liaison with Clayton Hospital, Wakefield, and one with the Leeds Chest Clinic engaging in tuberculosis liaison.



# Attendances at Child Health Centres

Name of Centre	No. of infant welfare sessions held during year by					No. of children who attended during the year and who were born in			Total no. of children who attended during the year	No. of attendances during the year made by children who were born in			Total attendances during the year
	Local H'lth Authority Medical Officers	H'lth Visitors only	Gen. Practitioners employed Sessional basis	Hospital Medical Staff	Total	1971	1970	1966 to 1969		1971	1970	1966 to 1969	
Ardsley Health Centre	11	89			100	164	203	96	463	871	831	272	1974
Criggleshane	11	41			52	86	93	62	241	417	339	130	886
Crofton ...	13	35			48	91	58	45	194	505	189	65	759
Drighlington	22	26			48	54	45	14	113	199	241	60	500
Gildersome	44	8			52	76	110	57	243	269	355	139	763
Horbury ...			48		48	106	96	63	265	959	562	159	1680
Middlestown			48		48	45	59	59	163	393	500	154	1047
Morley ...	42	58	48		100	298	348	213	859	1264	1167	440	2876
Ossett ...	27	21			48	204	172	80	456	1249	632	152	2033
Sharlston ...	10	38			48	44	40	33	117	298	131	79	508
Walton ...	10	42			52	37	44	37	118	287	198	86	571
<i>Mobile Clinics</i>													
Churwell ...		22			22	25	29	16	70	179	145	23	347
Crofton ...		23			23	8	10	6	24	67	68	14	149
Netherton ...		22			22	33	19	15	67	163	77	35	275
Notton/Woolley/Hall G.		24			24	13	7	10	30	38	73	24	135
Sharlston ...	7	15			22	12	28	18	58	62	91	33	186
W.R.C.C. Total ...	197	464	96		757	1296	1361	824	3481	7225	5599	1865	14689
Dr Sarram's Clinic, at Ossett ...					52	78	124	157	359	676	390	202	1268
Grand TOTAL ...	197	464	96		809	1374	1485	981	3840	7901	5989	2067	15957

## HOME NURSING

As with the health visitors, all the home nurses are attached to general practitioners. The home nursing service is a seven-day service, and in the Division two relief nurses are employed, who move around the various attachments undertaking relief duties for days off, holidays and sickness. Because of this, it is now impossible to maintain records on a district basis and I present below a summary of the statistics for the whole Division.

### Summary of Total Number of Cases dealt with during the year in Patients' Homes in 1971

Classification	No. of cases attended by Home Nurse	No. of visits paid by Home Nurse
Medical... ..	1319	40155
Surgical... ..	461	9382
Infectious Disease ... ..	2	5
Tuberculosis ... ..	7	257
Maternal Complications ... ..	73	622
Other ... ..	24	146
Totals ... ..	1886	50567

Patients aged 65 + ... ..	1094	32959
Children under 5 years ... ..	41	379
Patients who had more than 24 visits during the year ... ..	481	35106

### Work undertaken in 1971 by Home Nurses other than in Patients' own Homes

Treatment given in general practitioner's surgeries,  
health centres and clinics:

Total number of cases treated ... .. 2577

Total number of treatments given ... .. 3544

Average total time spent including consultations 14 hours per week

### Age Groups of Cases completed in 1971

Age Group	Classification of Completed Cases						Total
	Medical	Surgical	Tuber- culosis	Other Infec- tious Disease	Mater- nal Comp- lica- tions	Other	
0-4 ...	13	45	—	—	—	—	58
5-14 ...	18	20	—	—	—	—	38
15-44 ...	87	107	6	—	67	—	267
45-64 ...	154	110	1	—	—	2	267
65 + ...	561	120	—	2	—	5	688
Totals ...	833	402	7	2	67	7	1318

### Classification of Completed Cases by Diseases in 1971

Disease	No. of Cases
Tuberculosis ... ..	7
Other Infectious Diseases ... ..	2
Parasitic Diseases ... ..	—
Malignant and Lymphatic Neoplasms ... ..	105
Asthma ... ..	6
Diabetes Mellitus ... ..	22
Anaemia ... ..	83
Vascular lesions affecting Nervous System ... ..	112
Other Mental and Nervous Illnesses ... ..	23
Diseases of the Eye ... ..	4
Diseases of the Ear ... ..	8
Diseases of the Heart and Arteries ... ..	84
Diseases of the Veins ... ..	29
Upper Respiratory Disease ... ..	5
Other Respiratory Diseases ... ..	78
Constipation ... ..	70
Other Diseases of the Digestive System ... ..	156
Diseases of the Genito Urinary System ... ..	54
Diseases of the Breast and Female Genital Organs ... ..	57
Maternal Complications ... ..	67
Diseases of the Skin and Subcutaneous Tissues ... ..	45
Diseases of Bones, Joints and Muscles ... ..	52
Injuries ... ..	89
Senility ... ..	42
Other defined and ill defined Diseases ... ..	69
Diseases not specified ... ..	49
Total ... ..	1318

### Nursing Treatments carried out on Completed Cases in 1971

Type of Treatment	No. of Cases
Injections ... ..	272
General Nursing ... ..	442
Enemas ... ..	90
Dressings ... ..	421
Bed Baths ... ..	24
Washouts, Douches, Catheters, etc. ... ..	9
Changing of Pessaries ... ..	13
Preparation for diagnostic investigation ... ..	18
Other ... ..	29
Total ... ..	1318

#### *Day and Night Nursing Service*

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relations who may be near “breaking point”, having cared for a patient at home for a considerable time; and this service is very much appreciated by those relatives who have been under severe strain.



## No. of Cases and hours worked in Day and Night Nursing Service in the Division in 1971

Area	Cases Attended			Hours Worked		
	Cancer	Other Illness	Total	Cancer	Other Illness	Total
Ossett M.B. ...	5	—	5	206	—	206
Morley M.B. ...	3	4	7	146	155	301
Horbury U.D. ...	2	1	3	51	44	95
Wakefield R.D. ...	3	—	3	73	—	73
Total ...	13	5	18	476	199	675

Plans were made for the extension and improvement of this service early in 1972 by the employment of added trained staff. It should be emphasised however that this is a nursing service and not a “sitting service” as the provision of that latter service falls within the province of the Social Services Department.

### *Provision of Nursing Equipment in the Home*

A wide variety of nursing equipment is available to cases being nursed at home, and include hospital-type beds, mattresses, hoists, commodes, bedpans, rubber sheets, foam rings, wheel chairs and walking aids of various types. The wheelchairs are provided for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service. During the year some 705 items of nursing equipment were issued to patients.

### *Incontinent Patients*

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service has been largely superceded however by the use of disposable pads. These pads are more comfortable to the patient, can be changed more frequently than bed linen and are therefore much more convenient.

## MIDWIFERY

The Divisional midwifery staff consists of nine full-time midwives and four part-time midwives. This staff is sufficient to cope with the number of domiciliary confinements now occurring in the Division which is about 19% of the total births. The part-time staff make a valuable contribution as regards the investigation of the home circumstances of mothers-to-be in preparation for early discharge from hospital, and their subsequent nursing, which is a section of the work which has been steadily increasing over the past few years.

The paucity in numbers of the midwifery staff however does not allow full attachment to the general practitioners, but 14 of these doctors' antenatal clinics have a midwife in attendance and this is equivalent in time to the employment of one full-time midwife for antenatal clinic purposes.

One midwife attended a refresher course during the year at Hull University in accordance with the rules of the Central Midwives' Board.

# Hospital and Domiciliary Confinements in 1971

Place of Delivery	District								Divisional Total	
	Morley		Ossett		Horbury		Wakefield R.D.			
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Delivered in Hospital ... ..	770	92.3 %	284	84. %	111	73.4 %	258	59.0 %	1423	80.9 %
Delivered in Private Nursing Home	—	—	—	—	—	—	—	—	—	—
Delivered by Domiciliary Midwife ...	65	7.7 %	52	15.5 %	40	26.6 %	179	41.0 %	336	19.1 %
Total (including stillbirths) ... ..	835	100 %	336	100 %	151	100 %	437	100 %	1759	100 %

## Early Discharges from Hospital in the Division 1967-1971

Type of Discharge	Year				
	1967	1968	1969	1970	1971
At 48 hours	200	233	329	347	328
After 48 hours up to and including 5th day	179	251	159	244	212
After 5th day, but before 10th day ...	159	210	198	200	375
Total Patients discharged before 10th day ... ..	538	694	686	791	915
Total Divisional Domicilliary Births	488	482	348	372	336

## Attendances at Mothercraft and Relaxation Classes

Clinic/Health Centre	No. of Sessions	No. of women att.			No. of attendances		
		Institutionally b'k'd	Domiciliary b'k'd	Total	Institutionally b'ked	Domiciliary b'ked	Total
Morley Central Clinic	52	127	—	127	796	—	796
Ardsley Health Centre	47	38	7	45	183	75	258
Middlestown Health Centre	50	76	24	100	368	91	459
Crigglestone Clinic	34	7	20	27	14	154	168
Crofton Clinic	46	16	10	26	109	75	184
Total ... ..	229	264	61	325	1470	395	1865

## Attendances at Midwives' Antenatal Clinics

Clinic/Health Centre				No. of Sessions	No. of women attending	No. of attendances
Morley Central Clinic	...	...	...	47	114	224
Ardsley Health Centre	...	...	...	19	29	56
Ossett Clinic	...	...	...	52	9	81
Horbury Clinic	...	...	...	50	38	172
Walton Clinic	...	...	...	24	16	67
Crofton Clinic	...	...	...	30	9	66
Total ... ..	...	...	...	222	215	666



Maternity packs are provided free of charge to all mothers preparing for confinement in their own homes. All midwives are trained in the administration of Trilene analgesia and are provided with the necessary equipment which is checked at regular intervals. Analgesia is available to all mothers desiring it, subject to the agreement of the doctor in attendance.

### Patients receiving Analgesia

Pethidine Alone	Trilene Alone	Trilene with Pethidine
45	83	134

The Emergency Obstetric Units — the “Flying Squads” — attached to the General Hospital, Wakefield, and Staincliffe Hospital, Dewsbury, are available for obstetric emergencies occurring within the Division—three of which occurred during the year. Special equipment is also available for the care of premature infants as and when necessary.

### Survival of Premature Infants in the Division, 1971 (Domiciliary and Hospital Confinements)

Weight	No. of Premature Babies			
	Born Alive	Born Dead	No. dying within 28 days	No. Surviving 28 days
Under 2½ lbs. ...	2	2	1	1
2½ to 3 lbs. ...	2	1	1	1
3 to 3½ lbs. ...	6	1	3	3
3½ to 4 lbs. ...	7	1	—	7
4 to 4½ lbs....	12	1	3	9
4½ to 5 lbs. ...	24	—	2	22
5 to 5½ lbs....	37	2	1	36
Total ...	90	8	11	79

### Perinatal Deaths (Stillbirths and Deaths occurring in the First Week of Life)

District	No. of Deaths	Place of Delivery			No. where L.A. Services Involved
		Home	Hospital	Other	
Morley ...	22	—	22	—	—
Ossett ...	3	—	3	—	—
Horbury ...	3	—	3	—	—
Wakefield Rural	1	—	1	—	—
Division 13 ...	29	—	29	—	—



### *Maternity Liaison Committees*

Several attendances were made at the Dewsbury Maternity Liaison Committee in respect of the new Obstetric Unit at Staincliffe Hospital, which is the first phase of the new District General Hospital, and which is likely to become operational in June 1972.

### *Phenylketonuria*

Between six and 10 days the midwife obtains several drops of blood from the heel of the baby using a sterile lancet which are absorbed on to a test card. This card is then referred to St. James's Hospital, Leeds, for the Guthrie test to be undertaken. This test indicates the presence or absence of phenylketonuria, which if not treated in the early weeks of life can produce severe mental subnormality; all children tested in the Division in 1971 proved to be negative.

### *Congenital Dislocation of the Hip*

The midwife performs a special test—the Ortolani Test—for the detection of this condition within three days of birth. This test is repeated by the Health Visitor. Those children who have a positive result to this test are referred to their own general practitioner or clinic doctor and if the result is confirmed they are then referred to an orthopaedic specialist as a matter of some urgency for further investigation.

## **FAMILY PLANNING SERVICE**

By the end of 1971 there were two family planning clinics in existence in the Division. The Family Planning Association were holding a weekly clinic at Morley Central Clinic on a Thursday afternoon and the Health Department continued their own clinic at Croft House, Ossett, on a Tuesday morning. Both these clinics commenced in 1970. The table below relates to statistics for the Ossett Clinic only.

No. of Sessions held	...	...	...	...	...	...	52
No. of new patients seen	(a) married	...	...	...	...	...	143
	(b) unmarried	...	...	...	...	...	6
Total Patients seen	...	...	...	...	...	...	149
No. of new patients seen who were	(a) medical cases	...	...	...	...	...	8
	(b) social cases	...	...	...	...	...	12
	(c) other cases	...	...	...	...	...	129
Total patients seen	...	...	...	...	...	...	149
Total numbers of attendances	...	...	...	...	...	...	375

Of the 149 patients seen, 56 were advised to use an oral contraceptive, 51 were fitted with an intra-uterine device and the remaining 42 advised other methods of contraception.

Special sessions for the fitting of intra-uterine devices were arranged towards the end of the year both at Croft House, Ossett, and at the Ardsley Health Centre. The services of a doctor who is well experienced in fitting these devices were secured and arrangements were made with the Family Planning Association to accept their patients provided no charge was made for that part of the treatment undertaken by local authority staff.

A considerable amount of forward planning was made in 1971 regarding the extension of the family planning service, and it is hoped to commence a weekly clinic at the Ardsley Health Centre during the Spring of 1972 followed by monthly clinics at Sharlston, Crofton, Crigglestone and Middlestown in the early summer. The extension of this direct service will be dependent of course on the availability of medical staff.

## SCREENING FOR CANCER OF THE CERVIX AND BREASTS

Screening for cancer of the cervix and breast commenced in the Division in 1967 and we are now recalling these cases for a repeat smear—approximately 3 to 4 years after the first examination. We found the non-attendance rate for these repeat smears to be very high, running on average of 50% per clinic. Because of this each case is now sent a letter advising them that a further smear is due and that an appointment will be arranged as soon as the bottom half of the letter is completed and returned to the Divisional Office. Part of the problem for the high rate of non-attendance appears to be due to moving house and leaving no forwarding address.

This service provides for the examination of 'well' women who may be suffering from a symptom-free pre-cancerous condition which if detected can be successfully treated.

Clinic	No. of sessions	No. of patients	No. of smears taken	No. of Positive smears	No. of patients referred with Breast tumours	No. of patients referred with gynae cological conditions
Morley Cen. Clinic	28	395	394	2	4	11
Ardsley H'lth Centre	14	198	198	—	2	—
Ossett Clinic	12	164	163	—	2	3
Middlestown Health Centre ... ..	4	54	54	—	—	—
Crigglestone Clinic	5	56	55	—	—	—
Walton Mini Clinic	5	68	68	—	—	3
Crofton Clinic ...	8	98	98	—	—	—
Sharlston Mini Clinic ... ..	3	45	45	—	—	—
Totals ... ..	79	1078	1075	2	8	17

It will be seen that only two cases were detected during the year and both of these were still being investigated at hospital at the time of writing this report.

All women who attend these screening clinics have a gynaecological examination and a breast examination and any with abnormalities are referred to their general practitioners.

Cervical smears are also undertaken by general practitioners, family planning clinics, works medical officers and at hospital out-patients departments.

## CHIROPODY

The West Riding County Council's chiropody scheme provides up to six free treatments a year for expectant mothers, the physically handicapped and elderly persons over the age of 65 years in the case of males and over 60 years in the case of females. Eight chirpoodists working on a sessional basis (equivalent to a whole-time staff of 3.65) were employed in the Division at the end of 1971, and they provided a clinic and a domiciliary service—the latter for those cases who were medically certified as being housebound.

### Chiropody Treatment in the Division in 1971

Clinic	No. of sessions held during year	No. of patients treated			Total treatments given		
		P.	P.H.	E.M.	P.	P.H.	E.M.
Morley Central Clinic	185	308	4	—	1478	28	—
Ardsley Health Centre	73	156	4	—	583	17	—
Drighlington Clinic ...	22	38	—	—	186	—	—
Gildersome Clinic ...	27	54	1	—	212	4	—
Horbury Clinic ... ..	40	69	2	—	299	10	—
Croft House, Ossett ...	95	158	8	—	751	34	—
Crofton Mini Clinic ...	16	35	2	—	126	5	—
Crigglestone Clinic ...	45	69	4	—	331	23	—
Middlestown Health Centre ... ..	26	49	1	—	205	3	—
Sharlston Mini Clinic	22	39	1	—	161	5	—
Walton Mini Clinic ...	10	18	—	—	70	—	—
Mobile Clinic ... ..	30	49	1	—	251	5	—
Domiciliary Cases ...	—	592	108	—	2565	464	—
Totals ... ..	591	1634	136	—	7218	598	—

P. pensioners. P.H. physically handicapped. E.M. expectant mothers.



## IMMUNISATIONS AND VACCINATIONS

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against whooping cough, tetanus, poliomyelitis, measles and rubella may be done either at the clinic or by the family doctor.

During 1971, all clinic appointments and about two-thirds of general practitioners' appointments in the Division for primary immunisation and vaccination were issued by the central computer housed at County Hall in Wakefield.

As regards booster protection we are still dealing with children who were initially protected against diphtheria and tetanus by the original method of three injections at monthly intervals, and for this to be effective, more frequent booster protection is considered to be necessary. Such children, therefore, are still receiving booster injections and oral poliomyelitis vaccine at the age of nine years, but this will discontinue in 1975.

Protection against tuberculosis by BCG vaccine is now given at 11 years (first year in Secondary School), and the increase in the numbers skin tested and vaccinated in 1971 is due to the fact that during this year the thirteen-, twelve and eleven-year-olds were all dealt with together. Protection against rubella (German measles) is also given at the age of 11 years—but is of course confined to girls, as the danger lies not in the effects of the disease on the schoolchild or adult, but on the development of an unborn infant should the mother contract the disease during pregnancy.

The number of children who were recorded as completing a primary course of immunisation and vaccination in 1971 was as follows—

Type of Immunisation or Vaccination	Year of Birth					Others Under age 16	Total
	1971	1970	1969	1968	1964-67		
Diphtheria ...	9	1120	307	32	90	37	1595
Whooping Cough	9	1103	300	31	3	—	1446
Tetanus ...	9	1120	307	32	89	47	1604
Poliomyelitis ...	9	1121	307	33	106	58	1634
Measles ...	—	685	526	79	143	4	1437
Rubella ...	—	—	—	—	—	1229	1229

The total Divisional births in 1970 was 1,758 which means that about 64% of children were protected against diphtheria, whooping cough and tetanus.

The number of children who received reinforcing doses in 1971 was as follows—

Diphtheria ...	—	17	18	6	1319	1111	2471
Whooping Cough	—	16	18	5	28	10	77
Tetanus ...	—	17	22	7	1322	1113	2481
Poliomyelitis ...	—	16	19	8	1318	1106	2467

*Smallpox Vaccination*

Following the Secretary of State's decision to accept the advice of the Joint Committee on Vaccination and Immunisation that the routine vaccination of children against smallpox need no longer be recommended, the County Council discontinued such vaccinations during the year.

*BCG Vaccination against Tuberculosis*

The recommended age of vaccination against tuberculosis has been between 10 and 14 years and it has always been the older child who has been offered the vaccine in former years. In 1971 the age range 11 to 14 years was offered vaccination in an endeavour to lower the age of vaccination and increase the acceptance rate, and this accounts for the larger number of children skin-tested and vaccinated. In 1972 only the 11-year-old age range will be vaccinated.

The acceptance rate was 86.9 %, though only 94.5 % of these were actually skin tested and the test read. Of these, 95.1 % had a negative reaction and 4.9 % a positive reaction, the former being given BCG vaccine. Of the 130 children recorded as having a positive reaction, 47 were sent for chest x-ray, and all were normal.

The following table is a summary of the work carried out during the year

SCHOOL	No. of children eligible	No. of children who con- sented	No. of children Heaf Tested	No. Posi- tive	No. Nega- tive	No. Vac- cinated	No. absent for reading of skin test
Bruntcliffe Secondary ....	587	510	503	23	467	467	7
Morley Grammar ....	442	352	347	24	320	320	5
Woodkirk Secondary ....	520	470	454	5	437	437	16
Crigglestone Secondary ....	178	150	149	5	141	141	1
Crofton Secondary ....	398	303	301	26	271	271	2
Horbury Secondary ....	405	333	317	23	280	280	16
Ossett Comprehensive ....	800	700	661	24	616	616	39
TOTAL ....	3330	2818	2732	130	2532	2532	86



## HEALTH EDUCATION

During 1971 Health Education was taught in every senior school in the Division, along with six junior, two infants' and one nursery school. The topics used by the health visitor included smoking, menstruation, the common cold, home accidents, dental health, personal hygiene, dangers of fireworks, sleep, rest and exercise, care of the feet, nutrition and first aid. Films and filmstrips were used to help with the teaching. It is pleasing to report that two junior schools, two infants' schools and the nursery school were all persuaded to take part in our Health Education Programme during 1971.

As in previous years much teaching is done by the health visitor in the clinic and in the home by personal contact and use is made of displays, posters and leaflets in doctors' surgeries, local libraries, post offices, clinics and the district public health offices. I give below extracts of reports which I have received from the health visitors, which I think illustrate the type of work that they are doing and in some cases, the response which they are receiving.

"The main subject which I teach is first-aid and the one part of this I think most worthwhile is the Mouth-to-Mouth Resuscitation.

I try and impress the importance of self discipline and the need for confidence in dealing with people who are perhaps hurt or frightened. Also the use of what they learn in the prevention of accidents both at work and in the home. Also I find it easy to assess the knowledge, and lack of knowledge, on many subjects such as elementary anatomy and physiology. This I try to correct and improve upon whilst still appearing to be teaching a subject like first-aid which perhaps does not have quite the heightened interest of sex education as such."

"I thought the talk on 'Care of the Skin' made quite an impression on the group of 9 to 11-year-olds.

By way of introduction I gave them a short anatomy of the skin accompanied by a large coloured diagram (which was left in school for a week).

This produced many intelligent questions, which showed they had been listening and this paved the way to a better understanding of why the skin should be kept clean and healthy, rather than plunging straight into 'Why we should wash ourselves'.

A week or two later I met a mother in the Health Centre corridor who said: 'I hear all about your talks in school—it's a good idea'.

Several other mothers have made similar remarks and said how interested the children were".

". . . It was decided that I would concentrate mainly on mothercraft in the first term and generally these classes have been quite popular with the 15-year-old groups of girls. I found that the most enjoyable classes were the ones where practical instruction was given and girls were able to take part in this. During demonstrations such as 'Bathing a Baby' the girls were all eager to try their skills and I found that they were also much more forthcoming in asking questions and discussing other aspects of baby care.

I found other subjects such as 'Nutrition', 'Prevention of Infection', etc. did not seem so well received, and I got the impression that girls were rather bored and felt the subject was not relevant so far as they were concerned."

". . . At the above school I carry out a six-weeks repetitive programme throughout the school term. One of the six topics is 'Pregnancy and Labour', I use the Cow & Gate Mothercraft Charts to illustrate my talk. Unfortunately this class is entirely female, but they derive a great deal of benefit from this talk."

“Parentcraft talks are given to the two lowest streams of girls who will be leaving the County Secondary school either at Easter or at the end of the school year.

These girls will probably all be mothers in two to three years time—almost all of them have a lot of experience in caring for their own younger brothers or sisters.

They are a difficult group of girls to teach and sometimes after one 40-minute lesson (which seems to last for hours) I feel mentally exhausted.

I am sure this type of lesson is essential and worthwhile. One of my colleagues assures me that she can always tell when she visits a first baby of one of the young mothers who has attended the school where I teach. They ask more questions and are eager to discuss problems, and they listen to advice.

Just recently I had an 18-year-old mother of twins (I taught her). I asked her if she had benefited by the lessons on parentcraft. Her answer was ‘Yes’, because it made her much more inquisitive, she felt confident to ask questions without feeling embarrassed by her lack of knowledge. In my opinion this is a good thing because now, when necessary, advice will be readily accepted.”

During 1971 the following programme was adopted—each topic being changed at approximately two monthly intervals.

- Injections, Immunisations, etc.
- Teeth
- Smoking (in conjunction with the National Smoking Campaign)
- Water Safety—Swimming
- Poisonous Berries and Fungi
- Colds can Kill

Fireworks and Christmas Posters were displayed at the appropriate times.

The Health Education Council’s mobile exhibition caravan visited the Division for one week in March and in addition to visiting Morley Grammar School and Ossett Comprehensive School for half day each, was on exhibition outside Morley Central Clinic and Croft House Clinic, Ossett. The topic presented was ‘Weight Control’.



## SCHOOL HEALTH SERVICE

The traditional, and indeed, statutory three school medical inspections—infant, junior and senior—have undergone a re-appraisal in recent years, and current opinion is that the first examination should be made in some detail and the remaining two dealt with as screening examinations. In this Division this policy has been adopted for several years—but three, not two, screening examinations are made. The first medical examination has been advanced into the immediate pre-school period and coincides with the last of the pre-school examinations by the health visitor. The health visitor's record cards for all children who will attain the age of five years in a particular year are extracted from the files and these form the basis of children to be examined in that year. Of course a number may have entered school early, in which case this is essentially a school medical examination performed in the clinic. The medical officer records any child who requires to be followed up in school or at a special clinic and appointments are made if this is necessary. Regular visits (depending on the availability of medical staff) are paid to the schools when the doctor can discuss those children she feels necessary with the headteacher. At the pre-school examination, booster protection against diphtheria, tetanus and poliomyelitis is given.

Screening examinations occur at 7 and 10 years, both in the junior school, and replace the second statutory examination. The parents of all children in these age groups are asked to complete a health questionnaire, which in turn is vetted by a school medical officer, and the children she selects plus those nominated by the head teacher, health visitor or requested by the parents, are examined. The junior schools are similarly visited by the medical officer so that any children with problems can be the subject of mutual discussion between the doctor and the teacher.

The last examination—again a screening examination—occurs in the 14th year. The selection is the same as before but includes the addition of any older children nominated by the headteacher, health visitor and parents, as an increasing number of children are remaining in school beyond the statutory leaving age.

These then are the main examinations, but in addition there are other tests which are performed by the nursing staff. A regular vision test is given every two years at five, seven, nine, eleven, thirteen and fifteen years of age. (This is to become an annual vision test in 1972). Colour vision is tested at 11 years and information about children with a colour defect passed on to the parent and headteacher of the junior school, and later to the head teacher of the senior school, and the Youth Employment Service. Hearing is tested between the ages of six and seven years, using audiometry, and again in 1972 the 9-to-10 age range will be included. Regular visits are paid to the schools by the health visiting staff to inspect for head infestation.

One of the main purposes of all these screening tests is to pick out those children with handicaps and disabilities—particularly where the condition has a direct bearing on the present or future education of the child—and as a result ensures that all the medical treatment and social help available has or is being obtained, and then plan the best type of education for a particular child.

Under the routine and selective scheme of medical examinations 2,297 children were examined in 1971 and there were no children who were considered to have an unsatisfactory general physical condition.



## School Population

	Morley	Ossett	Horbury	Wakefield R.	Total
No. of Departments ...	30	11	6	19	66
No. of children in attendance	7064	3342	1555	3419	15380
No. of children examined ...	1020	579	189	509	2297

The number of children routinely examined on entering infants' schools are as shown in the following table.

Group	Morley		Ossett		Horbury		Wakefield Rural		Total	
	Satis	Un-satis	Satis	Un-satis	Satis	Un-satis	Satis	Un-satis	Satis	Un-satis
Entrants ...	663	—	364	—	134	—	407	—	1568	—

Type of Examination	Morley	Ossett	Horbury	Wakefield Rural	Total
Special Exams. ...	490	90	38	168	786
Selective Ex., Jns.	252	154	35	83	524
Selective Ex., Snr.	105	61	20	19	205
Total ...	847	305	93	270	1515

### *Cleanliness*

One hundred and forty-eight children were excluded from school—some on more than one occasion—during the year because of head infestation, and of these, 10 were compulsorily cleansed. This compares with 111 exclusions and seven compulsory cleansings in 1970. The percentage of infestation in the Division has risen slightly, being 1.4 as compared with 1.19 in 1970.

As it appeared that the head louse was becoming resistant to the preparations being used (Gamma Benzene Hexachloride—'Lorexane' and 'Quel-lada') for cleansing purposes, a new lotion, 'Prioderm', containing malathion, was obtained towards the end of 1971. The value of preparations containing malathion is that they are also lethal to the louse egg or nit and that they have a marked residual action which is a boon to children who might, if treated by any other means, be immediately re-infected in their homes from older members of the family who refuse to accept the advice and treatment offered by the health visitor.

## Cleanliness Inspections

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of examinations	16810	9082	4421	9273	39586
No. of infestations	384	77	3	115	579
% of infestation	2.2	0.8	0.07	1.2	1.4
No. of individual children infested	253	45	2	94	394
No. of children excluded from school ...	143	3	—	2	148
No. of cleansing notices issued	27	—	—	2	29
No. of cleansing orders issued ...	10	—	—	—	10
No. of children compulsory cleansed ...	10	—	—	—	10
Successful legal Proceedings ...	—	—	—	—	—

### *Vision*

All children with a visual acuity of 6/9 are kept under observation, and those with less than this are referred for specialist examinations. The following table summarises the findings during the past year.

## Results of Vision Test

Age	No. Examined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
7	1682	1460	86.8	155	9.2	67	3.9
9	1523	1401	91.9	76	4.9	46	3.0
11	1165	1097	94.0	38	3.2	30	2.5
13	910	860	94.5	35	3.8	15	1.6
15	662	639	96.5	14	2.1	9	1.3
Total	5942	5457	91.8	318	5.3	167	2.8

A colour vision screening test is undertaken at 11 years of age by means of the Ishihara Colour Plates. The shortened version is used by the health visitor and the test is repeated by the school medical officer using the complete set of plates when a child fails the first test. Colour vision is important when one is considering a future career, as with certain occupations in the Royal Navy, Royal Air Force, Merchant Navy, Railways, G.P.O., Police, Pharmacy, Textile Manufacture, Electrical Industries, Printing and Paint Trades, defective colour vision would be a bar to employment. Both the parent and the headteacher are informed if any defect is found to be present.

*Hearing*

One thousand eight hundred and twenty six children between the ages of six and seven had their hearing assessed by audiometric examination and 48 were referred to the School Medical Officer for further investigation. No hearing aids were provided during the year.

**CLINIC AND CONSULTANT SERVICES**

The Division is well served by neighbouring hospitals, and hardly any delay occurs when a consultant’s opinion is required. The Division has its own psychiatrists, psychologists and the services of three ophthalmologists on a sessional basis.

*Child Guidance Clinic*

The Child Guidance Clinics at Ossett and Morley continue to be held weekly, each clinic now having one full day. The Ossett Clinic is now busier than Morley, and the number of children treated in Ossett continues to be higher than in previous years—Morley remaining approximately the same as 1970.

Clinic accommodation remains the same, but an additional psychiatrist, Dr H. Sanderson, and an additional psychologist, Mr D. Clark, have commenced duties in Ossett—Dr Maxwell and Mr Mannix remaining at the Morley clinic. Miss T. Fairburn, Psychiatric Social Worker, works at both clinics in place of Mrs S. Halstead who transferred to the Social Services Department.

The case material referred to the clinics is chosen well, varies widely, and is of very great interest to all members of the clinic team. Occasional talks relevant to the work are requested and undertaken in the area.

**Children Attending Child Guidance Clinics in 1971**

	Morley	Ossett
No. of sessions held ... ..	73	75
No. of new cases ... ..	46	53
No. of cases referred from 1970 ... ..	53	48
No. of cases discharged or referred for residential treatment ... ..	39	43
No. of cases carried forward to 1972 ... ..	60	58

**Number of New Cases Seen at Child Guidance Clinics 1967-1971**

Clinic ... ..	1967	1968	1969	1970	1971
Ossett ... ..	17	24	28	40	53
Morley ... ..	32	32	40	47	46
Total ... ..	49	56	68	87	99



*Refraction Clinic*

Refraction clinics staffed by specialists are held at Morley, Ossett and Wakefield. However, in July 1971, Dr Wittels retired and we were unable to obtain a replacement for Morley clinic for the remainder of the year. Parents of children on the Morley waiting list were duly notified of the situation and advised to take their children to see their own general practitioner for referral to an optician. There were 164 children on the waiting list for Ossett Eye Clinic, which is equivalent to a period of 5 to 6 months. This has been dramatically reduced however by obtaining the services of Dr Pickering for two half-day sessions per month—(extra to Dr Prasher, who already does one full-day per month.). There were also 122 children on the waiting list for Wakefield Eye Clinic—a 4/5 months waiting period.

**Attendance at Refraction Clinic in 1971**

	Morley	Ossett	W'field	Total
No. of sessions held ... ..	30	21	24	75
No. of new cases ... ..	128	106	69	303
No. of refractions carried out	352	244	235	831
No. of cases where spectacles were prescribed ...	84	77	87	248

*Ear, Nose and Throat Clinic*

With the consent of the general practitioner, children requiring specialist attention are referred to the hospital clinics at Batley, Wakefield and Leeds.

*Speech Therapy Clinic*

There was only one speech therapist working part-time in the Morley and Gaskell areas of the Division, and since she left in November 1970 no replacement has been obtained. The shortage of Speech Therapists would appear to be a national problem.

1.	Total number of sessions held during year	..	..	..	..	14
2.	(a) Number of new cases treated during year	..	..	..	..	6
	(b) Number of cases already attending for treatment from previous year	..	..	..	..	8
	(c) Total number of cases treated (a and b)	..	..	..	..	14
3.	Number of cases awaiting treatment at end of year	..	..	..	..	6
4.	Number of visits made to school	..	..	..	..	2
5.	Number of home visits	..	..	..	..	—

*Analysis of Cases treated during year*

							Boys	Girls
1.	Stammering	..	..	..	..	..	15	5
2.	Defects of articulation –							
	(a) Cleft palate	..	..	..	..	..	—	—
	(b) Cerebral palsy	..	..	..	..	..	—	—
	(c) Other structural malformations	..	..	..	..	..	—	—
	(d) Other causes, e.g. neurological	..	..	..	..	..	—	—
	(e) No specific cause found	..	..	..	..	..	3	2
3.	Disorders of language due to –							
	(a) Retarded language development (non-specific)	..	..	..	..	..	3	1
	(b) Retardation with associated subnormality	..	..	..	..	..	2	3
	(c) Retardation associated with deafness	..	..	..	..	..	—	—
	(d) Dysphasia	..	..	..	..	..	—	—
	(e) Aphasia	..	..	..	..	..	—	—
—	(f) Other reasons	..	..	..	..	..	—	—
4.	Dysphonia	..	..	..	..	..	—	—
5.	Other defects	..	..	..	..	..	—	—

<i>Analysis: Children discharged during the year</i>								<i>Boys</i>	<i>Girls</i>
Total	..	..	..	..	..	..	..	2	—
Speech normal	..	..	..	..	..	..	..	1	—
Speech improved	..	..	..	..	..	..	..	—	—
Unsuitable for treatment	..	..	..	..	..	..	..	—	—
Non co-operation	..	..	..	..	..	..	..	—	—
Admitted to special schools	..	..	..	..	..	..	..	—	—
Left school	..	..	..	..	..	..	..	—	—
Left district	..	..	..	..	..	..	..	1	—
Other reasons	..	..	..	..	..	..	..	—	—

### *Handicapped Pupils*

Fifty-three children were initially ascertained during the year, and at the end of 1971 we had 376 handicapped children on our register. Of these, 235 were already receiving appropriate education in special schools, but seven physically handicapped, six maladjusted and 38 educationally sub-normal children were awaiting placement in special schools at the end of the year. Of the remaining 90, 88—(of whom 26 were physically handicapped)—were recommended for special educational treatment in ordinary school and two required Home Tuition.

### **Handicapped Pupils recommended for Education in Special Schools at 31st December, 1971**

Category	Morley	Gaskell	Total
Blind... ..	1	—	1
Partially Sighted ... ..	3	2	5
Deaf ... ..	7	7	14
Partially Hearing ... ..	1	1	2
Educationally Subnormal ... ..	120	92	212
Physically Handicapped ... ..	9	11	20
Maladjusted ... ..	10	11	21
Delicate ... ..	3	6	9
Epileptic ... ..	—	2	2
Total ... ..	154	132	286

### *Pre-School Handicapped Children*

In 1971 medical information which was being obtained about any particular child from the congenital malformation returns and from the immunisation consent form and the hearing schedule completed by the health visitor was processed for inclusion on the computer. As many of the disabilities recorded in the first year of life improved of their own accord or were amenable to treatment, any child with a potential defect is placed on an observation register until the age of 18 months. At 18 months the register is processed by the computer and the relevant details of each child are issued on a prescribed form, which when completed by the examiner is returned for updating the computer.

One of three recommendations can be made as a result of this examination:

- the child be regarded as handicapped or disabled and transferred to the handicap/disability register and followed up at those intervals recommended by the examining medical officer;
- the child be considered to be suffering from no condition and his name removed from the observation register;
- no decision can yet be made, in which case this child will remain on the observation register for further review.

### *Children and Young Persons Act, 1933*

Thirty children made special application to take part-time employment during the year, and all were considered physically fit for such work.



# GENERAL PROVISIONS OF THE HEALTH SERVICE

## Hospitals

### *General Hospital Accommodation*

There are no hospitals within the Division, but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

A Regional Burns Centre built in the grounds of Pinderfields Hospital, Wakefield, in 1966, provides the most modern equipment and intensive specialist treatment designed to give severe burns cases the greatest possible chance of recovery.

### *Isolation Hospital*

Patients with infectious diseases may be admitted to Snapethorpe Hospital, Wakefield, or Seacroft Hospital, Leeds. The latter hospital admits any case of acute poliomyelitis from this area.

### *Maternity Hospital and Maternity Homes*

Maternity hospital facilities are available at Centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Morley, but this will close in 1972 when the new maternity hospital opens in Dewsbury. This maternity hospital is the first part of a new District General Hospital which will be built in Dewsbury. Priority of admission is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

### *Hospitals Specialising in Mental Disorders*

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds, and Westwood, Bradford, a new hospital for mentally sub-normal patients is under construction on a site adjacent to Pinderfields and Stanley Royd Hospital, Wakefield. This hospital will have beds for 480 of which 100 will be for children and 46 for adolescents. There will also be an "infirmity" unit for 20 beds for those sub-normal patients suffering from acute medical and surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Authority Social Services Department accommodation is to be provided for their staff. Work commenced on the hospital towards the end of 1968 and is likely to be completed in 1972.

## Ambulance Service

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Ambulance Headquarters, telephone number Bradford 682211.

## Laboratory Facilities

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, entomological and chemical investigations from General Practitioners and Public Health Department Staff.







HORBURY URBAN DISTRICT COUNCIL

# **ANNUAL REPORT**

OF THE

PUBLIC HEALTH INSPECTOR

AND

CLEANSING SUPERINTENDENT

for the Year 1971



## REPORT OF PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT 1971

*Mr Chairman, and Members of the Council*

I have pleasure in submitting my fourteenth Annual Report for your consideration. You will note that my remarks for 1971 are prefaced by some general comments about the Urban District. I do this in view of the fact that Local Government Reorganisation is upon us and I feel it important to remember that although our future is to be bound inextricably with a large Metropolitan District the history of Horbury seems to indicate that it will always remain a community with a spirit of its own.

Horbury is a compact urban district of 1,280 acres, situated on the north bank of the River Calder about three miles from Wakefield. Land levels vary in height from some 275 feet to 90 feet above sea level.

There are three principal areas of population, now virtually contiguous. The central and older part of Horbury is pleasantly situated on the crest of a hill. Down the slope on the south-east is Horbury Junction, a small industrial area dominated by the former railway wagon works. On the other slope of the hill to the south-west is a bold escarpment at the foot of which is Horbury Bridge, where are situated a number of industrial concerns. The district overlies the northern extension of the Barnsley coal bed. Near the river the soil is alluvial and in other parts the subsoil is generally of clay or marl. Several fairly large industrial concerns have provided a basic form of employment security in past years but, in common with other areas, personal transport has placed less emphasis on proximity of home and employment over recent years, and people are now prepared to travel further to work. A population of under 4,000 in 1871 is now in the region of 9,000.

Horbury was originally part of the Royal Manor of Wakefield, and the township still retains some ancient buildings.

Local organisations are many and varied and there seems little reason to suppose that they will be any the worse after Local Government Reorganisation, although local authority patronage of certain societies could be affected.

Horbury Urban District has a good record with regard to clearance of unfit houses, clean air, and house improvement. Elected representatives have a general attitude of dedication to the service of the public. Unpaid, sometimes criticised, rarely praised, the Urban District Councillor must occasionally doubt whether the time spent on Council affairs is well spent. It is, of course, because it is the foundation of democracy that people elect others to administer for them, and unfortunately an enlarged local government unit can only detract from the present intimacy between electors and elected.

On the following pages you will find details of aspects of the work of the Health Department and certain aspects of the work of other departments for which information I must thank my colleagues. You will find no indication of the amount of time spent in administrative work, interviews, telephone calls, discussions, etc. Time spent discussing environmental health is seldom wasted, as some seeds tend to germinate on what looks at first sight to be the most stony ground.

I must thank the staff at the Town Hall for all their assistance, Dr Ireland for his support and advice, and Councillor J. F. Smith, Health Committee Chairman over recent years, for his most welcome interest in the Department and its work.

I am, Mr Chairman and Members,  
Your obedient servant,

G. R. MILLINGTON,  
*Public Health Inspector  
and Cleansing Superintendent*

Town Hall, Horbury.  
April, 1972.

## CLEAN AIR

A recent article in a motoring journal dealing with multiple crashes on fog-affected motorways contained the comment that it must be remembered that since the introduction of Clean Air legislation the average amount of densely-foggy conditions had been reduced! September 1971 saw the completion of the Council's eight-year smoke control programme, and the table below indicates the results of the measurements taken at the Town Hall.

## ATMOSPHERIC POLLUTION

Measurement of Smoke and Sulphur Dioxide by Volumetric Measurements

1971 Month	SMOKE Microgrammes Per cubic metre			SO <sup>2</sup> Microgrammes Per cubic metre		
	Average Value	Highest Value	Lowest Value	Average Value	Highest Value	Lowest Value
January .. ..	189	886	28	260	898	75
February .. ..	139	493	23	214	571	71
March .. ..	78	177	19	144	226	83
April .. ..	63	165	20	139	370	82
May .. ..	46	125	21	106	208	45
June .. ..	28	77	8	67	98	37
July .. ..	26	45	11	86	189	42
August .. ..	25	73	9	72	167	31
September .. ..	56	118	18	126	224	59
October .. ..	74	235	14	126	257	46
November .. ..	66	235	14	138	272	54
December .. ..	70	490	14	144	486	50

Smoke: Average daily value – 1971, 71; 1970, est. 67; 1969, est. 73

## RAINFALL

Our equipment at Carr Lodge Park, more properly termed Station No. 39-079950, has been in use for many years and we have records back to 1933. The tables below indicate the year's readings and a summary of previous years.

### RAINFALL - 1971

				Rain in inches	No. of days on which rain fell
January	..	..	..	1.79	16
February	..	..	..	1.02	9
March ..	..	..	..	1.66	13
April ..	..	..	..	3.12	7
May ..	..	..	..	2.45	10
June ..	..	..	..	2.27	14
July ..	..	..	..	2.23	5
August ..	..	..	..	3.55	13
September	..	..	..	0.67	6
October	..	..	..	2.53	8
November	..	..	..	1.72	13
December	..	..	..	1.17	8
				24.18	122

### RAINFALL, 1933 - 1971

Year	Rainfall in inches	Wettest Month	Year	Rainfall in inches	Wettest Month
1933	23.41	February	1953	19.43	August
1934	21.56	December	1954	28.84	August
1935	29.07	October	1955	16.51	December
1936	29.35	June	1956	27.18	August
1937	28.84	February	1957	22.45	August
1938	29.31	July	1958	32.96	July
1939	29.37	July	1959	20.43	April
1940	23.99	November	1960	35.81	October
1941	27.13	January	1961	23.71	January
1942	21.00	August	1962	18.98	August
1943	23.53	January	1963	23.25	June
1944	31.25	November	1964	20.25	March
1945	29.63	May	1965	31.77	September
1946	39.62	November	1966	32.33	February
1947	34.34	May	1967	30.41	May
1948	23.72	January	1968	30.28	September
1949	24.60	July	1969	30.43	November
1950	26.08	February	1970	24.90	November
1951	31.08	February	1971	24.18	August
1952	20.08	October			



## HOUSING

During the year a total of 20 houses, including those in the Dudfleet Clearance Area, were represented to you as unfit.

Fifty-one new houses were erected—all by private builders—and there were 71 applications for improvement grants.

Qualification certificates were issued in respect of 43 houses out of a total of 55 applications where the owners claimed that the dwelling already satisfied the qualifying conditions under s.43 of the Housing Act, 1969. There have been no appeals against the Local Authority's decision.

The table below shows the situation with regard to applications for Council houses.

### Application for Council Houses

Register No. and description	Col. 1 Number at 31.3.71	Col. 2 Number at 31.3.72	Col. 3 New applicants during year (inc. in Col. 2)
1. Horbury residents with insufficient bedroom accom. or in lodgings ..	40	36	19
2. General list of applicants residing in Horbury .. .. .	56	57	17
3. Persons residing outside Horbury ..	35	50	25
4. Applications for bungalows .. ..	65	61	27
4a. Applications for bungalows from Council tenants .. .. .	35	31	9
	231	235	97

## Points Scheme for House Letting

From the 1st January, 1972, a points scheme for allocation of houses will operate. The following shows how points will be allocated.

This column shows the headings under which points will be allocated	This column shows the rate of accumulation of points	This column maximum shows the points available	Remarks
Date of application for a house	1 point per year	Ten	Reassessed twice yearly in January and July
Length of Residence in Horbury	1 point per year	Ten	As above
Number of children	3 points per child	Fifteen	*
No. of bedrooms deficient	10 points per bedroom deficient	No maximum	Children under 7 count as $\frac{1}{2}$ unit
Length of time in lodgings in Horbury	3 points per year	Fifteen	Reassessed twice yearly
Lack of internal sanitary facilities	2 points	Two	
Medical priority	Moderate priority—5 points; High priority—10 points	Ten	Awarded by M.O.H.
Age over 65 years	1 point for each year by which the oldest partner exceeds 65 years	No maximum	Reassessed twice yearly. Mainly applies to bungalow applicants

Item marked \* will depend on notification of events by applicant.

## FOOD HYGIENE

In my report last year I referred to certain pressures being exerted to introduce some form of date stamping of prepacked foods. Discussions are still continuing but there is no doubting the strength of the lobby for date stamping. There are so many codes in use by manufacturers that large retailers admit difficulties of proper stock rotation. Objectors point out that customers may 'sort' the products to find the freshest. Supporters say 'why shouldn't they have the freshest anyway?'.

Date stamping would certainly mean that retailers would have to exercise greater care and not over-order on short-life items, but surely this would be a good thing in the long term, and if keeping instructions were printed on the pack for the benefit of retailer and consumer then all would be aware of their responsibilities.

The tables below show our listed food shops, details of surrendered unsound items and samples taken by the Food and Drugs authority.

### Listed Food Shops

Category	No. of shops	No. complying to Reg. 16	to to which Reg. 19 applies	No. complying to Reg. 19
Grocers	29	29	29	29
Fish Shops	9	9	9	9
Greengrocers	4	4	4	4
Butchers	8	8	8	8
Bread & Confectionery	6	6	6	6
Sweets, etc.	4	4	4	4
	60	60	60	60

### Tinned Foods, etc., Surrendered and Condemned

					<i>lb.</i>	<i>oz.</i>
34 tins of cooked meat	..	..	..	..	164	14½
187 tins of other tinned goods	..	..	..	..	100	11½

### Samples taken by W.R.C.C. Weights & Measures Dept., 1971

Milk	...	...	...	...	14 (all genuine)
Drugs	...	...	...	...	3 (all genuine)
Other foods	...	...	...	...	8 (all genuine)

There are no poultry-processing premises within the district and no slaughterhouses. No samples of milk for examination for brucella were taken.



## WATER SUPPLIES

All the dwellings in the urban area—a total of 3,371—receive mains water supply. Supplies have been satisfactory. The Chemist of the Wakefield and District Water Board writes as follows:

“The water supply to Horbury has been satisfactory in quality and quantity during 1971. Both treated and untreated waters are tested chemically and bacteriologically twice a week and results show that no contamination of this supply has occurred. The water is treated to prevent plumbo-solvency. Horbury is supplied from two sources and the above remarks apply to both.”

### Typical Chemical Analysis

#### Source: JAW HILL

5  
20  
7.5  
150  
15  
60  
Nil  
Nil  
0.03  
0.20  
below 0.1

Colour (Hazen)  
Chloride (Mg/1 Cl)  
pH  
Elec. Conductivity  
Alkalinity (Mg/1 CaCO<sub>3</sub>)  
Hardness (Mg/1 CaCO<sub>3</sub>)  
Iron (Mg/litre)  
Manganese (Mg/1)  
Free chlorine (Mg/1)  
Total chlorine (Mg/1)  
Fluoride (Mg/1 F)

#### Source: FIXBY

below 5  
30  
9.1  
120  
6  
55  
Nil  
Nil  
Nil  
0.30  
below 0.1

### Sewage Disposal

In my report for 1970 I referred to the unsatisfactory final effluent from Duddfleet disposal works and to the fact that consulting engineers were to make investigations. Their preliminary report has now been received, and I quote below extracts which I feel are pertinent to creating an appreciation of the problem.

“The average domestic water consumption is 33 gallons per head per day.”

“The average daily flow at the treatment works is 571,000 gallons”.

“Trade wastes amount to 70,000 gallons per day.”

“The Council should now consider whether they wish to make charges for trade wastes.”

“Some of the trade waste discharges are very strong in character.”

“The mixed sewage entering the treatment works is very strong, being well over twice that of ordinary domestic sewage, and making it difficult to treat.”

“The present final effluent discharging to the River Calder is very much below the required standard and highly polluting.”

The report dealt with the existing sewage works and recommended that certain improvements in equipment and techniques be made at the following estimated costs:

	£
(1) Repairs to balancing tank ... ..	6,000
(2) Re-align inlet sewer, add storm overflow, grit tank, screen, recorder, etc. ... ..	13,700
(3) Two new settlement tanks ... ..	33,600
(4) Three new filter beds ... ..	86,000
(5) Additional pump ... ..	3,600
(6) Two humus tanks ... ..	30,000
(7) Modify effluent pipework ... ..	4,000
(8) New pipework and site works ... ..	28,000
(9) Demolish existing high-level filters ... ..	4,800
(10) Convert existing settlement tanks to storm water tanks ... ..	2,400
<b>TOTAL ... ..</b>	<b>£212,100</b>

In March 1972 the Council accepted the report and resolved to obtain the views of the Department of the Environment and the River Authority. The Council also agreed to ask for the recommendations of the consultants with respect to costings of trade waste charges, and instructed the Surveyor to suggest to industrialists that they seek the advice of their various trade research organisations with a view to reducing the polluting load.

The cost of the submitted scheme will approximately double the existing treatment costs of 8p per 1,000 gallons.

### **Sanitary Accommodation**

The Dudfleet treatment works deals with effluent from all except 13 houses and eight of these have cesspools or septic tank installations. The owners of the five houses using chemical closets are being encouraged to jointly construct a septic tank and filter, and it is hoped that this work will be done during 1972.

The sewer system is adequate for the area.

### **Refuse Collection and Disposal**

This service has continued on a regular basis in spite of difficulties in obtaining certain vehicle spare parts. A new vehicle is on order for 1972 to replace the existing continuous loader. During the year the Council adopted a scale of charges for trade refuse, to come into effect in April 1972.

A total of 3,995 tons of refuse was collected and tipped—bins being emptied on 216,906 occasions.

Tipping difficulties are still being encountered on a difficult site with lack of covering material. We like to think of it “as controlled tipping” but “partly controlled” would be a better expression. Fortunately, no dwellings are subjected to nuisance, but tip fires can cause a smoke hazard on the motorway.

Salvage collections continued, realising a total gross income of £1,425 during the 1971/72 financial year.

## Other Duties

The following tables summarise work carried out in connection with other matters which are the department's concern.

### Number of Visits in Connection with Various Duties

Water Supply	..	..	..	..	..	..	..	8
Infectious Diseases	..	..	..	..	..	..	..	—
Factories	..	..	..	..	..	..	..	5
Drainage	..	..	..	..	..	..	..	33
Housing	..	..	..	..	..	..	..	155
Refuse Disposal and Collection		..	..	..	..	..	..	61
Rodent and Insect Control		..	..	..	..	..	..	245
Food Shops	..	..	..	..	..	..	..	18
Atmospheric Pollution		..	..	..	..	..	..	246
Rainwater Gauge	..	..	..	..	..	..	..	365
Miscellaneous	..	..	..	..	..	..	..	192
Piggeries	..	..	..	..	..	..	..	10
Smoke Control Area	..	..	..	..	..	..	..	165
Offices, Shops and Railway Premises Act		..	..	..	..	..	..	16
Public Conveniences	..	..	..	..	..	..	..	23
Petroleum Act	..	..	..	..	..	..	..	14
Hairdressers	..	..	..	..	..	..	..	3
Bakehouse	..	..	..	..	..	..	..	5
								1563

## Repair and Replacement

Work carried out under the supervision of the Public Health Inspector

Choked drains	...	...	...	...	...	8
Defective doors	...	...	...	...	...	1
Defective roofs	...	...	...	...	...	1
Defective wallplaster		...	...	...	...	1
Defective windows	...	...	...	...	...	4
Unsatisfactory sanitary accommodation (factories)						5
Smoke nuisances	...	...	...	...	...	4
O.S.R.P. works required	...	...	...	...	...	2
Burst pipes	...	...	...	...	...	1
Dampness alleviated	...	...	...	...	...	4
Defective ashbins replaced	...	...	...	...	...	212
Rat infestations treated	...	...	...	...	...	48
Mouse infestations treated	...	...	...	...	...	51
Dirty houses cleansed	...	...	...	...	...	1
Defective floors renewed	...	...	...	...	...	2
Noxious accumulations removed	...	...	...	...	...	1
Flooded cellars	...	...	...	...	...	1
Insect infestations	...	...	...	...	...	13
Defective eaves gutter	...	...	...	...	...	4
Inadequate water supply	...	...	...	...	...	1
Breach of Food Hygiene Regs.	...	...	...	...	...	9
Defective rainwater pipes	...	...	...	...	...	1
Gable ends weather-proofed	...	...	...	...	...	1



## MISCELLANEOUS

Number of	Meat Retail Vehicles	..	..	..	..	..	..	2
„	„	Food Hawkers Registered	..	..	..	..	..	7
„	„	Premises Registered for the Sale of Ice Cream	..	..	..	..	..	30
„	„	Premises Registered for the Sale of Preserved Foods	..	..	..	..	..	6
„	„	Fish Friers	..	..	..	..	..	9
„	„	Bakehouses	..	..	..	..	..	5
„	„	Licensed Premises	..	..	..	..	..	21
„	„	Pet Animal Shops	..	..	..	..	..	1
„	„	Hairdressers	..	..	..	..	..	14
„	„	Premises Registered under Offices, Shops and Railway Premises Act, 1963	..	..	..	..	..	32

## FACTORIES

There are 42 mechanical and 21 non-mechanical factories on the register, building sites being added as applicable. The factories comprise –

### *Mechanical*

Joiners	..	..	..	..	..	..	..	4
Motor Vehicle Repairs	..	..	..	..	..	..	..	5
Bakehouse and Preserved Goods	..	..	..	..	..	..	..	5
Sheet Metal & Metal Fabrication	..	..	..	..	..	..	..	4
Saddler, Leather Goods, Sports Goods	..	..	..	..	..	..	..	5
Rag Sorting and Grinding	..	..	..	..	..	..	..	1
Letterpress Printing	..	..	..	..	..	..	..	1
Mining Machinery	..	..	..	..	..	..	..	1
Wool Cutting and Packing	..	..	..	..	..	..	..	1
Cabinet Repairs and Upholstering	..	..	..	..	..	..	..	1
Worsted Spinning	..	..	..	..	..	..	..	2
Wagon Repairs	..	..	..	..	..	..	..	2
Tufted Fabrics	..	..	..	..	..	..	..	1
Glass Fibre Products	..	..	..	..	..	..	..	1
Glass Blowing	..	..	..	..	..	..	..	1
Dental Laboratories	..	..	..	..	..	..	..	1
Laundry	..	..	..	..	..	..	..	1
Childrens Playing Equipment	..	..	..	..	..	..	..	1
Vending Machine Repairs	..	..	..	..	..	..	..	1
Furniture Manufacture	..	..	..	..	..	..	..	1
Electrical Repairs	...	...	...	...	...	...	...	1
Railway Motive Power Depot	..	..	..	..	..	..	..	1

### *Non-Mechanical*

Cycle Repairs	..	..	..	..	..	..	..	1
Stonedresser	..	..	..	..	..	..	..	1
Plumbers	..	..	..	..	..	..	..	7
Dressmakers	..	..	..	..	..	..	..	3
Tailors	..	..	..	..	..	..	..	3
Painters and Decorators	..	..	..	..	..	..	..	6

## LICENCES TO KEEP PETROLEUM SPIRIT

No. of Premises Licensed	12
Gallonage .. ..	8550

# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1971 FOR THE URBAN DISTRICT OF HORBURY IN THE COUNTY OF YORK

## Prescribed Particulars on the Administration of the Factories Act, 1961

### PART I OF THE ACT

1. Inspections for the purposes of provisions as to health (including inspection made by Public Health Inspectors) –

(1) Premises	(2) Number on Register	(3) Inspection	(4) Number of Written Notices	(5) Number of Occupiers Prosecuted
(a) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	5	—	—
(b) Factories not included in (a) in which Section 7 is enforced by Local Authorities ..	42	—	—	—
(c) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	—	—	—	—
Totals .. .. .	63	5	—	—

2. Cases in which defects were found – (if defects are discovered at premises on two, three or more occasions, they should be reckoned as two, three or more ‘cases’) – 5.

### PART VIII OF THE ACT

#### Outwork (Section 110 and 111)

None Listed

**OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**

Prescribed particulars to be included in the Annual Report to the Secretary of State for Employment by Local Authorities and the London County Council under Section 60.

**Table A — Registration and General Inspections, 1971**

Class of Premises  (1)	Number of Premises Registered during year  (2)	Total Number of Registered Premises at end of year  (3)	Number of Registered Premises receiving a general inspection during year (4)
Offices .. .. .	—	6	1
Retail Shops .. .. .	1	22	13
Wholesale Shops, Warehouses ..	2	3	2
Catering Establishments, Canteens	—	—	—
Fuel Storage Depots .. .. .	—	1	—

Period Covered: 1971

**Table B — Number of Persons Employed in Registered Premises by Workplace, 1971**

Class of Workplace	No. of persons employed
Offices .. .. .	30
Retail Shops .. .. .	108
Wholesale Departments, Warehouses ..	13
Catering Establishments, open to the public	—
Canteens .. .. .	—
Fuel Storage Depots .. .. .	5
Total .. .. .	156

Total Males 77

Total Females 79

Tables D and E - Nil

**Table F: Number of Inspectors appointed under the Act - 1**

Number of Accidents reported - 2







